





service for limbs shortened by hip disease, and other causes, which remedies the defect both in appearance and function—and every appliance requisite for deformed and diseased limbs.

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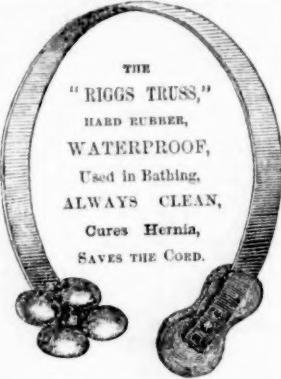
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BILIOUS AND FEBRILE DISEASES, COSTIVENESS, SICK HEADACHE, NAUSEA, LOSS OF APPETITE, INDIGESTION, ACIDITY OF THE STOMACH, TORPIDITY OF THE LIVER, GOUT, RHEUMATIC AFFECTIONS, GEAVEL, PILES,

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#### REFERENCES.

Dr John Watson, President Academy of Medicine; Dr Stephen Smith, Editor American Medical Times; Dr John H. Griscom, Physician N. Y. Hospital, &c.; Dr John W. Greene, Physician Bellevue Hospital; Dr. Geo. A. Peters, Surgeon N. Y. and St. Luke's Hospital; Dr. H. D. Bulky, Physician New York Hospital, and others.

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## Bellevue Hospital Medical College.

—ANNOUNCEMENT FOR 1861-2.—The Trustees and Faculty announce, with much pleasure, the organization of this College, with a corps of thirteen Professors, and a full course of lectures during the next autumn and winter.

### FACULTY.

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BENJAMIN W. McCREADY, M.D., Secretary.  
E. OGDEN DOREMUS, M.D., Treasurer.

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ALEXANDER B. MOTT, M.D., Professor of Surgical Anatomy.

STEPHEN SMITH, M.D., Professor of the Principles of Surgery.

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GEORGE T. ELLIOT, M.D., Professors of Obstetrics and the Diseases of Women and Children.

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TIM. CHILDS, M.D., Professor of Descriptive Anatomy.

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CHARLES D. PHELPS, M.D., Demonstrator of Anatomy.

N. E. MOSELEY, M.D., Prosector to Chair of Surgical Anatomy.

SYLVESTER TEATS, M.D., Prosector to Chair of Operative Surgery and Surgical Pathology.

### PRELIMINARY TERM.

A preliminary term will commence on Wednesday, September 18, 1861, and continue until the beginning of the regular term. In addition to daily instruction in the hospital wards, and clinical lectures, at least three lectures will be given daily on subjects of practical importance, by members of the Faculty, during this term. Among the subjects which will be taken up during the preliminary term are the following:—Organic Affections of the Uterus, by Prof. Taylor; Uterine Displacements, by Professor Barker; Inflammatory Diseases of the Uterus and Appendages, by Prof. Elliot; the Thoracic Viscera, by Prof. Childs; Auscultation and Percussion, by Prof. Flint; Syphilis, by Professor Hamilton; Surgical Affections of the Genito-Urinary Apparatus, by Prof. Wood; Endosmosis and Exosmosis, with their Practical Applications, by Professor Doremus.

The attention of students and practitioners is invited to the variety and practical importance of the subjects which will be treated of during the preliminary term. Although attendance is not required on the part of the student, it is designed to render this term, not a nominal, but an actual extension of the period of instruction.

Dissections may be prosecuted during this term as well as during the whole of the regular term.

### REGULAR TERM.

The regular term will commence on Wednesday, October 16, 1861, and end in the early part of March, 1862.

During the regular term the lectures will be so arranged as not to interfere with attendance in the hospital wards. Ample time will be allowed for accompanying the visiting physicians and surgeons in their daily rounds, attending clinical lectures in the hospital amphitheatre, witnessing surgical operations, and autopsies examinations, without conflicting with any of the didactic lectures.

This College, having been established in connexion with the Bellevue Hospital, offers peculiar advantages arising from the fact that the lectures in all the departments of instruction will be given within the hospital grounds. The Professors in all the practical branches being connected with the hospital, either as visiting physicians or surgeons, all the important subjects pertaining to Surgery, Obstetrics, Therapeutics, and the Practice of Medicine can be amply illustrated by cases under observation in the hospital wards, and by autopsies examinations, simultaneously with their consideration in the lecture room; loss of time in going to and from the hospital is saved; the student is always at hand when cases of accident are received, or operations in Surgery and Obstetrics suddenly called for; and there will be no encroachments of didactic and clinical instruction upon each other.

The aim of the Faculty of the College, with the co-operation of the Commissioners of Public Charities and Correction, is to make the immense hospital resources at their disposition available to the fullest extent for purposes of instruction. In 1860, more than eleven thousand patients were received into Bellevue Hospital, and over four hundred births took place in this hospital during the year. The large hospital recently erected on Blackwell's Island, will also be open for medical instruction, and students will be conveyed to the Island by the hospital steamer without expense. It may be safely said that the vast field afforded by these Charities for the study of diseases at the bed-side, for witnessing every variety of operations in surgery, together with the treatment of surgical affections, for the study of morbid anatomy, and the practice of obstetrics, is not surpassed elsewhere in this or any other country.

Ample provisions will be made for pursuing practical anatomy. Anatomical material will be supplied in abundance and with but little expense to the student.

Twenty-two resident Physicians and Surgeons are annually appointed on recommendation of the Medical Board of the Hospital, after an examination by this Board, and receive a salary sufficient for their support.

Fees for all the lectures during the preliminary and regular terms, \$105. Tickets for any of the departments during the regular term may be taken out separately, the fees being proportionate to the number taken.

The fee for all the lectures during the preliminary term is \$10. This sum will be deducted from the fees for the whole course (\$105), if tickets to the latter be taken out.

Matriculation Fee.....	\$ 5
Graduation Fee.....	\$ 80
Demonstrator's Ticket.....	\$ 5

Payment in all cases is required, and the tickets must be taken out at the beginning of the term.

The requisites for graduation are, twenty-one years of age; three years study with a regular and reputable practitioner (or practitioners), inclusive of the time of attendance at lectures; two full courses of lectures, the last in this College; proper testimonials of character; an acceptable thesis, and an examination by seven of the Professors in the several departments of instruction.

This College is endowed with all the powers and privileges belonging to any chartered Medical school in this State.

Circulars will be sent and further information given, on application to Professor Benjamin W. McCready, Secretary, No. 7 West Ninth street; or to Professor Isaac E. Taylor, President, No. 18 West Twentieth street. Board and lodging can be obtained in New York for from \$8 to \$5 per week.

Students on arriving in the city are requested to report at once at the office of the College at Bellevue Hospital, situated on the East River, between Twenty-sixth and Twenty-eighth streets.

## College of Physicians and Surgeons.

### MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.

Corner of Twenty-third Street and Fourth Avenue, New York.

#### Session of 1861-2.

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ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.

JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry and Botany.

JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.

ROBERT WATTS, M.D., Professor of Anatomy.

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ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.

JOHN C. DALTON, JR., M.D., Professor of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M.D., Professor of Chemistry.

THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.

HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Preliminary Term for the Session of 1861-2, will commence on MONDAY, SEPTEMBER 23, and continue four weeks, until the opening of the Regular Term in October.

The Regular Term will commence on MONDAY, OCTOBER 21, and continue until the second Thursday of March, following.

Fees for a Full Course of Lectures, \$105; Matriculation, \$5; Graduation, \$30.

JNO. C. DALTON, JR., M.D., Secretary of the Faculty.

## University of New York Medical

Department, Session, 1861-2.

The Session for '61-'62 will begin on Monday, October 21, and will be continued until the 1st of March.

### FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.

VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

MARTYN PAYNE, M.D., LL.D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

JOHN W. DRAPER, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.

ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.

JOHN T. METCALFE, M.D., Professor of the Institutes and Practice of Medicine.

J. W. S. GOULEY, M.D., Demonstrator of Anatomy.

J. H. HINTON, M.D., Prosector to the Professor of Surgery.

ALEXANDER B. MOTT, M.D., Prosector to the Emeritus Professor of Surgery.

Besides daily Lectures on the foregoing subjects, there will be five Cliniques, weekly, on *Medicine, Surgery, and Obstetrics*.

Fees for a full course of Lectures, \$105; Matriculation Fee, \$5; Graduation Fee, \$30; Demonstrator's Fee, \$5.

Free admission to the NEW YORK HOSPITAL and BELLEVUE HOSPITAL, where students will enjoy the usual opportunities of witnessing the Surgical operations, the *post-mortem* examinations, clinical Instruction, &c. Professors Mott and Post are Consulting Surgeons at the New York Hospital; and Professor Mott is the senior Consulting Surgeon at the Bellevue Hospital.

ST. VINCENT'S HOSPITAL, the EYE AND EAR INFIRMARY, and the CITY DISPENSARIES, are equally open to the students attending the University Medical College.

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his services to the Medical Profession as Cupper, Leecher, and Surgical and Medical Nurse. The strictest obedience will be paid to the orders of the physician or surgeon in attendance, and the utmost fidelity observed.

Ample references for character and capacity can be furnished.

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Mrs. Bradshaw will perform similar services for ladies.

**Berkshire Medical College.** The next Annual Course of Lectures will commence on the first Thursday in August, and continue sixteen weeks.

*Faculty.*

HENRY M. CHILDS, M.D., Emeritus Prof. of Theory and Practice of Medicine, Prof. of Obstetrics and Diseases of Women and Children.  
TIMOTHY CHILDS, M.D., Prof. of Surgery.  
HENRY M. SEELY, M.D., Prof. of Chemistry and Toxicology.  
R. CRESSON STILES, M.D., Prof. of Physiology and Pathology.  
WM. HENRY THAYER, M.D., Prof. of Theory and Practice of Medicine.  
WILLIAM P. SEYMOUR, M.D., Prof. of Materia Medica.  
JAMES D. COULT, Esq., Prof. of Medical Jurisprudence.  
COYDON L. FORD, M.D., Prof. of Anatomy.  
Demonstrator of Anatomy.

Degrees will be conferred at the close of the term. Fee for full course, \$50. Graduation fee, \$18. Clinical advantages are excellent, and dissecting material abundant. Good board may be had from \$2.50 to \$3 a week.

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**Vaccine Virus from the Cow—**  
obtained by vaccinating kine.  
Ten quills one dollar. Warranted once.

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the deformity removed by the insertion of an ARTIFICIAL EYE,  
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The dose is one Pill, morning and evening. Detailed instructions accompany each box.

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The only Practical Maker of the AMERICAN IMPROVED ARTIFICIAL HUMAN EYE IN THE UNITED STATES,

Begs to inform Professional gentlemen that he has made the latest improvements in the material for durability, &c., which surpasses anything of the kind now made in Europe.

He is now supplying the New York Eye Infirmary, to the Surgeons of which Institution he respectfully refers.

J. & W. GRUNOW, 343 Fourth Avenue,  
beg to inform their friends, the medical profession, and microscopists generally, that having combined their manufacturing talent, the business lately carried on at 45 East Fifteenth street, under the name of J. Grunow, will hereafter be continued at 343 Fourth Avenue, under the firm of J. & W. GRUNOW.

J. & W. GRUNOW continue to supply their customers with

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And will endeavor to sustain the reputation of their instrument.

Special attention is invited to their Students' Microscopes, which are highly recommended by the leading Microscopists of this city, etc.

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New Remedies prepared to order, or any Foreign Medicinal or Chemical preparations imported. Constantly on hand Squibb's Preparations; French Chemicals, Agents for Vichy Mineral Waters, Garnier's Paris Sugar-Coated Pills, etc., etc.

Prescriptions of all Pharmacopeias are put up by reliable and experienced Apothecaries.

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According to the special observations of the principal physicians of the Paris hospitals, this preparation is constantly used instead of *Cod-liver Oil*, and invariably produces successful results in *lymphatic, anemic, scrofulous, and rachitic affections*. It is the best cure for consumption in its first stage, and the most powerful depurative known. Each table-spoonful contains four-fifths of a grain of iodine, combined with watercress, horse-radish, and scurvy grass. The presence of the metalloid cannot be discovered even by starch, and consequently it is always easily supported, even by very young children.

**VEGETABLE INJECTION OF MATICO,**

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The *Matico* (*Piper angustifolium*), a Peruvian plant, possesses extraordinary astringent and preservative properties. Prepared as an injection by our process, it suffices without any other medicine to quickly stop the most obstinate case of gleet, gonorrhœa, and blennorrhœa. It has obtained the sanction of the first physicians of Paris, and the approval of the Medical Board of St. Petersburg. It is the only injection that does not cause the contraction of the ureter, which is the case with all injections having a metallic basis.

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The essential oil of *matico* (*Piper angustifolium*) combined with balsam of copaiva, and administered in the form of capsules coated with gluten, forms a very active medicament, and is superior to all capsules of copaiva liquid or solid, cubeba, rhubarb, or bismuth, and to all the ointments known.

These capsules rapidly cure most cases of gleet and gonorrhœa, and are the only ones which never fatigue the stomach or intestines.

## Original Lectures.

### A COURSE OF LECTURES ON CHANCRE,

DELIVERED AT THE BALTIMORE INFIRMARY.

BY

WILLIAM A. HAMMOND, M.D.

PROFESSOR OF ANATOMY AND PHYSIOLOGY IN THE UNIVERSITY OF MARYLAND, SURGEON TO, AND LECTURER ON CLINICAL SURGERY IN THE BALTIMORE INFIRMARY.

#### LECTURE V.

GENTLEMEN:—The last lecture which I had the pleasure of delivering to you was devoted to the consideration of the primary infecting ulcer, and its almost invariable attendant the indurated bubo. We passed briefly in review the phenomena and diagnostic marks of these manifestations of syphilis, and I explained to you the nature of the relation which they have to each other. There were one or two points, however, which were passed over at that time, and to these, before proceeding to discuss the treatment of the indurated chancre or the constitutional troubles to which it gives rise, I wish to direct your attention.

I have said that induration is pathognomonic of the infecting chancre; so it is, but you know how necessary it is for you to be aware of all the circumstances attending the presence of a chancre before you form your diagnosis, and how careful you must be not to mistake medicinal hardness for specific induration. Now you are liable to still other errors. 1st. The induration may have been present and have disappeared. This is a circumstance of frequent occurrence. It is exceedingly rare for this sign to vanish before the cicatrization of the chancre; nevertheless, it does occasionally happen. Not long since a sailor applied to me with a chancre on the prepuce. He had noticed it eight days previously as a slight excoriation. There was well marked induration, not of the parchment kind, but such as Hunter and Bell described. There was a small bubo in the groin of the corresponding side. It was indurated, but so small that a cursory examination might readily have failed to reveal it. I prescribed bi-chloride of mercury and iodide of potassium internally, and a lotion of solution of tannin. In five days he again presented himself. I was surprised to find that the induration of the chancre had entirely disappeared, while the sore itself had not apparently decreased the least in size. Upon examining the groin I could detect no sign whatever of the bubo which was there five days before. The man's mouth was not at all affected by the mercury.

Had I seen this case then for the first time, I should not have hesitated to pronounce it one of soft chancre, for the other peculiar marks of the infecting chancre, though of value, are not so striking as to warrant us in regarding them as pathognomonic. The absence of the indurated base, and the indurated bubo, would have determined me. I should have made a mistake, but an unavoidable one, and you are liable to meet with similar cases. They are so rare, however, as to form no argument against the rule that a soft chancre should not be treated with mercury.

You would do infinitely less mischief by treating all chancres with soft bases without mercury than by giving this agent indiscriminately, under the idea that some of the chancres may at some former time have had induration.

2d. A soft chancre may be contracted upon the indurated nodule that remains after an infecting chancre has been healed. The previous history of the patient's disease will prevent you from making any error in such cases. You should, therefore, never fail to make such inquiries as will place you in possession of all pre-existing circumstances; as you have learned, a person never, as a rule, has an infecting chancre twice. Ricord never in all his immense experience met with such an example, and while, as I have stated to you, I am not prepared to contend for the absolute immu-

nity claimed by Ricord, I have never seen an instance of the recurrence of an indurated chancre. But I have seen several cases in which soft chancres were developed upon an old induration. The infecting chancre gives no immunity from the soft chancre; in fact, I believe the latter are more apt to be developed upon the indurated cicatrices of the former than upon any other point. It is important to ascertain the exact circumstances connected with all such cases, with a view to the employment of suitable treatment. The soft chancre on an old induration requires the treatment which I have mentioned to you as proper for it when seated elsewhere.

3d. An old induration is liable to spontaneous ulceration. This distinction I have often seen manifested. You have recently seen an example in the case of the man in —— ward, who was in the Infirmary last fall for an indurated chancre. He now has secondary symptoms, and the induration which has persisted since the chancre was healed (over eight months), has lately ulcerated afresh. This ulceration under such circumstances is non-specific, there is no fresh infection from it, it is not in fact chancreous, and always, so far as my experience goes, heals under the mild use of the nitrate of silver.

You will recollect that I impressed upon you the pre-eminent liability of the soft chancre to certain accidental complications, as inflammation, ulceration, and phagedena. You are not, however, to suppose that the infecting chancre is altogether free from such attacks. Though not prone to inflammation, mechanical and medicinal irritation may give rise to it, and it may be attended with great engorgement and followed by gangrene. The principles of treatment do not essentially vary from those laid down when we considered the same complication in the soft chancre, except that superadded to our special remedial measures we have those which the infected system demands.

Ulceration to an excessive extent and phagedena are not so often met with. The latter is exceedingly rare. I have, however, seen several instances of it in New Mexico. Constitutional syphilis is not prevented when the chancre is thus affected. Ricord has, I think, established this point, and my experience leads to the same conclusion. It would be contrary to all analogy if the reverse was the case. The phagedena is nothing more than a local accident engrafted upon the local manifestation of syphilis. It can have no influence upon the constitutional infection any more than the curing the chancre will prevent or abolish consecutive disease. I saw this very distinctly shown about ten years since in a female who came under my charge having an indurated chancre on the right labium, and a bubo of the same character in the right groin. During the second week after the appearance of the ulcer it became affected with phagedena. The action was very extensive, and was not arrested till the upper half of the labium was almost entirely destroyed. Notwithstanding this, secondary symptoms ensued during the sixth week, and when I saw her a space afterwards, the nasal bones and palate processes of the superior maxillary bones were nearly completely necrosed.

In one case, also that of a female, an indurated chancre existed at the angle of the mouth. Phagedena ensued, and destroyed a large portion of the cheek through nearly its entire thickness. In a few weeks secondary symptoms appeared and eventually venereal nodes on the tibia followed.

But if the infection of the individual is not prevented, the specific character of the chancre is destroyed very soon after the occurrence of phagedena. This fact I have had several opportunities of establishing, both by cases and experiments. In one instance especially, an individual who was under my charge, with an indurated and phagedenic chancre on the frenum, had daily connexion for a considerable period with two women, neither of whom contracted any venereal disease. The individual in question had well marked constitutional syphilis developed shortly afterwards.

I have also endeavored to propagate the indurated phagedenic chancre by inoculation, but never with an affirma-

tive result. The same attempt has been made by Fournier, with like unsuccessful results.

In the treatment of phagedenic ulceration of an indurated chancre, the measures to be employed do not differ from those proper for the same accident when engrafted on the soft chancre. Phagedena in the infecting chancre is not so extensive, however, or so difficult of cure, as when the soft chancre is implicated.

In regard to the indurated bubo I have already called your attention to the intimate relation which exists between it and the infecting chancre. It is, however, contended by some syphilographers that it may originate without necessarily being preceded by any other evidence of disease. That is, that the chancous virus may be absorbed so as to reach the lymphatic glands without ulceration or suppuration being caused in the first instance. Although I have never seen any such example, I am not altogether prepared to deny its possibility, and I really see no reason, physiologically, why it should not take place. It must necessarily be rare, for we know with what difficulty even under favorable circumstances the absorption of substances takes place from surfaces not deprived of their epidermis or epithelium, and during coition sufficient time for such absorption is not afforded. That bubos of an indurated character may be formed without a chancre preceding, is simply shown by the fact that they so frequently ensue on a gonorrhœa. An example of this was in the house a short time since, and you had sufficient evidence to show that such was the case. In the instance referred to there was no doubt of the non-existence of a chancre, and yet we had an indurated bubo in the left groin, impetiginous eruption, and alopecia.

The bubo d'emblé, while not impossible, is therefore improbable, but we can readily imagine cases where it might occur, cases in which the infecting virus has remained a long time in contact with a surface possessed of little local tendency to inflammation. This immunity is seen at times in instances of animals poisoned by the bite of the rattlesnake, where death ensues without any local disturbance, whereas generally the local irritation is very great.

Having thus brought under your notice some of the chief phenomena of the indurated chancre, we come in the next place to treat of its cure. I prefer to do this now before passing to the consideration of constitutional syphilis, which from its amplitude would separate us too much from the local affection.

Two indications are to be, if possible, fulfilled. 1st. To prevent infection; and, 2d, to cure the local trouble. The first of these is infinitely of greater importance. The second, comparatively a small matter, for as I have already told you, the infecting chancre is not, like the other varieties of venereal ulcer, characterized by much local irritation or tendency to the supervention of troublesome complications.

According to Ricord, if an infecting chancre is destroyed by escharotics within the first five days after contagion, infection is never produced; if this procedure is not practised until after induration appears it is useless, infection will certainly follow. In other words, he regards the induration of a chancre as giving positive evidence that infection has already taken place, and accordingly he never cauterizes a chancre when this specific sign is present. If, however, induration has not appeared he destroys the specific character of the chancre, and converts it into a healthy non-infecting ulcer. Consequently his plan is to cauterize all soft chancres, and not to cauterize any indurated chancres. Now, as it is impossible to distinguish in its first stages, before induration is manifested, a simple from an infecting chancre, it is difficult to arrive at an exact estimate of the value of M. Ricord's method, for doubtless the great majority of the chancres thus destroyed would never have been followed by infection even if let alone. Nevertheless, so far as his practice relates to the early destruction of all chancres, there can be no doubt of its propriety, but that principle of his system which is opposed to the destruction of a chancre after induration has appeared, is, I am

perfectly satisfied, calculated to lead in many instances to unfortunate results to the patient. In fact the primary basis of M. Ricord's doctrine is, I think, wrong. Instead of regarding the induration of a chancre as the sign of infection already accomplished, it should be considered as the first manifestation of the infecting character of the ulcer. It is not due to the reaction of the absorbed virus upon the base of the chancre, as Ricord appears to believe, but it is the sign by which we know what we have to deal with—a part of the chancre itself, and the part which serves to distinguish it from anything else which affects mankind. The fact is, that M. Ricord, notwithstanding his tardy declaration of a belief in the duality of the virus, has not yet been able to divest himself of his earlier formed doctrines. Certainly if he believes that induration is the evidence that the system is infected he can scarcely believe in the duality of the poison, for in that case the induration is not an attribute of any one kind of chancre, but only an evidence that the virus of the ulcer to which it is superadded has been absorbed into the system. M. Ricord vacillates in regard to this point.

Now, as I have told you, I believe that induration is peculiar to one kind of chancre, that this species always has it, and I am further convinced that its appearance is no evidence that infection has taken place. Therefore, in the first stages of an indurated chancre I should certainly destroy it with the carbo-sulphuric acid paste, and I am convinced from ample experience that in many cases infection would be thereby prevented. The indurated bubo would not be prevented, for I believe that the specific action which causes the induration of a chancre is simultaneously set up in the lymphatic glands, but then I do not claim that one indurated bubo is necessarily followed by constitutional syphilis if proper remedial measures be adopted.

According to my experience the caustic plan of treatment of the indurated chancre may be practised with a reasonable prospect of success, if employed within the first six days after the appearance of the pustule, whether induration be present or not. If used subsequently to this period on a chancre of the infecting kind it will generally prove unsuccessful of itself in preventing infection, even if induration had not yet made its appearance.

Some surgeons cauterize the indurated chancre at any time of its progress, on the grounds that the rise of other chancres is thereby prevented, and that contagion is no longer possible. The first of these, we have seen, is not to be considered, for we know that the liability to the propagation of fresh chancres on the affected individual does not exist. The second is only valid during the progress of the chancre. When its further advance is arrested, it is, as has been definitely ascertained, no longer contagious—previous to this stage ordinary precautions can readily be taken in the cases of most individuals. When, however, the patient is of such a character as to be devoid of scruples on the subject of communicating his disease to others, it is proper to cauterize his chancre on strictly moral principles, so as to prevent, as far as possible, the further spread of this loathsome affection.

After cauterization the most simple applications are all that are necessary. Ricord and other French surgeons use the aromatic wine, a vinous tincture of some thirty aromatic herbs. This acts very well; there is nothing, however, specific in its properties, and I have always found a solution of tannin to be equally efficacious. The strength of this should not exceed two grains to the ounce of water. Should the chancre be healing, or even if it has ceased to progress, as I have told you, cauterization is unnecessary, nay more, exceedingly improper. In such cases commence the local treatment with the solution of tannin above mentioned. You will obtain from this all that it is possible to get from local medication, which with the exception of the cauterization in cases that require it, accomplishes more on account of its detergent action than by any direct effort upon the chancre.

In regard to the local application of mercurial remedies

such as the black wash, the yellow wash, mercurial ointment, red precipitate ointment, calomel, &c., I have nothing to say in laudation—chancres get well under their use, or rather in spite of them—as they generally do under any treatment which has ever been recommended. Indurated chancre especially is a self-limited ulcer, even if let alone from the commencement. Unless it is destroyed by escharotics, or attacked by phagedena, or other complication, it runs a regular course, and is healed spontaneously in four or five weeks.

In regard to the efficacy of internal remedies in accelerating the cure of the chancre, I have very strong doubts. Do not misunderstand me. As we shall see hereafter, constitutional treatment, with the view of preventing infection or destroying the morbid matter circulating in the blood, and contaminating the tissues, is eminently proper and necessary, but that such treatment exercises any effect over the chancre I hardly believe. We know that indurated chancres are healed just as soon without mercury as with it. Under the influence of this agent, however, the induration of a chancre certainly does disappear sooner than if no mercury is given, but the ulcer is just as long in healing.

But with the view of preventing infection much may be done, and to the consideration of this and other subjects of importance, I propose to devote the subsequent lectures. This concludes what I have to say on chancre.

I have thus at length drawn on the storehouse of pathology (as it is frequently called) to serve me as a guide to more recent researches in this matter.

Mr. Spring, of Belgium, to whom the profession is much indebted for a better knowledge, and more special information on this interesting and important subject, has applied to it the name of meningocele, and has based its history upon a number of cases taken from various authors (*Mémoire de la hernia du cerveau*—discussions at the Academy of Medicine at Brussels, 1845. Vol. iii. p. 7). On the slight evidence, however, of several of these cases, Mr. Honel considers the mere occurrence of meningocele (in contra-distinction of encephalocele, because no brain substance may have entered in the former) as very doubtful.—(*Archiv. génér. de Medicine*. Paris, 1859. xiv. 413.)

But Mr. Gintrac (Director of the Medical School of Bordeaux) has recently carefully collected and recorded some eleven cases more, to which he adds a twelfth of his own, which seem fit to elucidate this important point of cerebral pathology. He gives preference to the expression of hydro-meningocele, because this name points at once to the real state of affairs.

As some of these cases are of considerable interest; and as it is not only in a scientific point of view, but likewise in a practical relation, of the greatest importance to investigate the diagnosis, consequences, and treatment of this fault of development, I have translated, and, as far as it was practicable, condensed them from Behrent's Journal for Diseases of Children. The original report may be found in the *Journal de Medicine de Bordeaux*, June, 1860.

I. A child, aged two years, had from the time of birth a considerable swelling on the back of the head. Mind unimpaired. A ligature was placed round the tumor, which had a bad effect, and produced blindness. The ligature was immediately loosened. Some days later the tumor broke and the child died. The interior of the swelling was only lined by the dura mater. No true brain substance was found in it.—(Hiob a Mekeron, *Observ. Med. Chir. Amstelod.*, 1668, cap. vii.;—Ferrand, *Mem. de l'Acad. de Chirurg.*, t. v. p. 66.)

II. A little girl, who attained only the age of three days, had a bag on the crown of the head, covered with hair, from which was discharged some blood, and it communicated with the interior of the cranium through the posterior fontanelle, which was hardly large enough to admit the little finger; its border was cartilaginous. The bag itself consisted of the external skin, pericranium, and a prolongation of the dura mater. The greater and lesser brain, likewise the medulla oblongata, were in a normal condition.—(*Mylius, Disc. de quella monstruosa Lipsiae nata*, Lipsiae, 1717.)

III. A little boy, who died at the age of two years and a half, had from the time of birth a very great conform swelling on the crown of the head. This was punctured. The swelling was formed by the covering of the skull, dura mater, and arachnoid. The autopsy showed that the brain had been pressed down by the fluid, and had nothing to do with the tumor itself. It revealed some traces of inflammation, and even an abscess in the middle lobe of the left side. The abnormal opening in the cranium occupied the sagittal suture, and extended from the frontal to the occipital bone. —(*Lofius. Med. Observ. and Inquirer.* t. v. No. 13, p. 121.)

IV. A little child was born with a tumor on the back of its head, which was as large as the head itself, and hung downwards upon the shoulders; its base was narrow. Besides some bluish spots and excoriations, a few hairs were noted on its surface. Fluctuation was distinctly perceptible within the tumor. The opening through which it communicated with the interior of the cavity of the brain, existed in the occipital bone to the left of its protuberance, and was so small as to allow only a sound to enter. The sac, internally, was lined by dura mater. Against the opening of the bone rested something like a sponge, which obstructed it partially: this was the pia mater. The brain did not enter into the tumor; its middle and posterior lobes were soft-

## Original Communications.

### SOME ANATOMICO-PATHOLOGICAL STUDIES OF HYDROMENINGOCELE.

CONSIDERED AS A DISTINCT VARIETY OF CRANIAL HERNIA.  
BY CHARLES HASSE, M.D.,  
OF NEW YORK.

BESIDES true congenital hernia of the brain (Hydrocephalocele), another kind of swelling has occasionally been observed, which, in many phases, simulates, and no doubt has often been mistaken for the former from the want of knowledge to discriminate their pathological difference. It essentially consists in this, that the bag of the latter does not, like the former, contain true brain substance, but is merely a protrusion of dura mater with its arachnoidal lining through some insufficiently developed and yielding point in the skull, by an accumulation of fluid beneath.

This anomalous appearance, like all other vague points in pathology, until brought to a proper understanding, has received diverse names by different authors, viz. Hydrocephalus spurious; Hydrocele of the head; Hernia aquosa; Saccus arachnoides; Hydrocephalus meningo-cysticus, etc. ROKITANSKY, in his Pathological Anatomy, calls it, at page 281 (vol. iii.), a saccular protrusion of the arachnoid through the skull, which, though similar, must not be confounded with true hernia of the brain. Again, on page 258, speaking of the anomalous contents of the arachnoid, he says—When the accumulation (of serum) is considerable, it constitutes the disease which is known as external, or meningeal, hydrocephalus. It appears in two forms.

(a.) In that of dropical sacs, which consist either of the arachnoid membrane alone, or, as is more common, of dura mater also, identified with the arachnoid, and attenuated in an extreme degree. They protrude through an aperture in the skull, and form a diverticulum of the arachnoid sac, which communicates with the general cavity by a narrow canal. (b.) The second (this condition does not exactly bear upon the subject in question, although being originally the same disease) is a uniform accumulation of serum in the arachnoidal sac, by which the brain is displaced and compressed towards the base of the skull, and the cranium is at the same time uniformly enlarged.

ened.—(*Teghil, Mém. de l'Acad. de Turin*, 1790-91, t. v. p. 187—also *Medical Facts*, t. vii. p. 281.)

V. Palletta examined, 1779, a child two months old, who had a large swelling at the nape of the neck, which was divided from above downwards, by a kind of partition. The tumor was fluctuating, and almost transparent. In the occipital bone existed a great opening, which communicated with the foramen magnum. The posterior arch of the atlas was wanting. The dura mater was forced upwards by fluid. Whether the tumor contained any brain substance, Palletta does not mention. But there is no doubt that, if it had, such an accurate observer would not have overlooked it. Palletta himself compares this fault of development with spina bifida.—(*Excitationes Pathologicae*, Mediolani, 1820, in 4to, p. 127.)

VI. A child, seven months old, had (from the time of birth) a swelling in the face, which had gradually increased, and extended from the eyebrows to the nose, and from one cheek to the other. This tumor was soft, elastic, transparent, and traversed by blood-vessels superiorly; it had separated the bones of the nose, and concealed the eyes. The power of vision, however, was not impaired. When two months old, its mother had succeeded in reducing the tumor by gradual compression; but it returned again and grew larger. A puncture then being made gave exit to a large quantity of fluid, was followed by vomiting, sickness, excitement, and acceleration of pulse. At a subsequent period the tumor opened again spontaneously, and gave vent at first to a turbid, and subsequently to a pus-like fluid. At last the pulse became more frequent, and death ensued. The fontanelles and suture were nearly closed. On the anterior surface of the left hemisphere, and beneath to the dura mater, existed a collection of fluid enclosed by an exceedingly soft, transparent, but firm membrane. The pia mater, underneath this sac, was much injected. The lateral ventricle on the same side contained some serum, and reached to the lower end of the lobe, where a hollow passage was found which continued outwards, through the cells of the ethmoid. The above-mentioned bag of fluid was connected with this passage, so that the external tumor could receive its fluid both from this, and from the cavity of the arachnoid; but with the fluid of the ventricles of the brain it stood in no connexion.—(Christison by Monroe, *Morbid Anatomy of the Brain*, Edinburgh, 1827, p. 150.)

VII. A little child was born with a soft, pulsating, and reducible swelling upon the posterior fontanelle. There was no discoloration of the skin. The head of the child was quite large. At the age of one year, it had an attack of convulsion. The anterior fontanelle then was punctured, which was followed three days later by another attack of convulsion, and death. The arachnoid contained a large quantity of gelatinous fluid. The membranes upon the right hemisphere were normal, but upon the left they formed a bag filled with fluid, which depressed this side of the brain, making it appear as if atrophied. The ventricles of the brain were considerably distended with serum, mixed with pus. The superior longitudinal sinus did not strictly pursue the median line, but deviated slightly towards the left side.—(Hamilton, *American Journal of Medical Science*, 1837.)

VIII. On the naturally formed head of a healthy female child appeared, when three months old, a small swelling to the left of the posterior fontanelle; which was of the size of a pigeon's egg, compressible, fluctuating, and transparent; at its base, the edges of the bone were felt to be uneven. The child cried a good deal, squinted, and vomited, and seemed to possess less sensibility on the right than on the left side. A small puncture gave exit to a bright, transparent, clear fluid. Death took place at the age of six months. When the tumor was examined it was found to consist of the skin, pericranium, and dura mater, with its arachnoidal lining. The surface of the latter looked cloudy, and was covered by inflammatory exudation. The opening, through which the membrane protruded, was situated between the posterior border of the left parietal, and upper border of the

occipital bone. The fluid in the bag was cloudy, reddish, and contained puslike formation. The right lobe of the brain was normal, the left however was smaller, tenser, and not a trace of convolution could be seen. The ventricles contained some little serum. (Breschet, *Archives génér. de Med.* t. 26, p. 72.)

IX. In the month of March, 1840, Mr. P. Dubois exhibited to the Academy of Medicine of Paris a child (age and sex not mentioned) who was born and died at the Maternité with a tumor on the back of its head, which was nearly two thirds of the size of the head itself. It hung down upon the nape of the neck, appeared to contain a fluid, and to be connected with the interior of the skull. An incision gave exit to a bloody fluid. Internally, the tumor was lined by a smooth fibrous membrane, and contained no brain substance whatever. The opening, which led to the interior of the cranium, existed in the occipital bone, and was large enough to admit a finger.—(*Gaz. des Hôpitaux*, 1840, p. 170.)

X. Three days later (to the exhibition of the previous case) Mr. Depaul showed to the Anatomical Society of Paris the head of child who had died during labor. On the posterior of the same, existed a bag, which contained fluid, and was connected with the interior of the cranium by an opening, which occupied the protuberance of the occiput. The swelling was as large as the head itself, and contained a clear, yellowish, transparent fluid, but no brain substance. The lesser brain was wanting; the rest of the brain was normal.—(*Bullet. de la Soc. Anatom. de Paris*, 1840, p. 105.)

XI. The fifth child of a well-formed woman was born with a great swelling on the back of the head. Otherwise the child was well. A puncture, made with a needle, discharged 600 grammes (a little over a quart) of fluid. A month subsequently, the puncture was repeated. Death took place twenty-six days after the second puncture. The bag, lined by a membrane profusely supplied with blood-vessels, contained 150 grammes of a greenish fluid. A cleft existed, and extended from the occipital protuberance to the foramen magnum. The posterior arches of the atlas and second vertebrae were wanting, also the third and fourth cervical vertebrae were split. A fibrous membrane obtruded the upper part of the cleft, and left only a small opening below through which the tumor communicated with the interior of the cavity of the cranium. The brain itself was soft, and the ventricles seemed somewhat dilated. (Pooley, *London Medical Gaz.* 1847.)

XII. A female child was brought to the Foundling Hospital at Bordeaux shortly after birth, in September, 1850, with a uniform swelling on the occiput. The child nursed well. When a few months old she began to squint; she was never able to stand or to walk; appeared, however, not deficient in intellect, and learned even to speak a few words. Convulsions were not observed. She was nursed until she was seventeen months old. The tumor was soft, elastic, distinctly fluctuating, and diminishable by pressure; its greatest transverse diameter measured from seven to ten centimeters ( $2\frac{1}{2}$  to  $3\frac{1}{2}$  inches), and its length was eleven centimeters ( $3\frac{1}{2}$  inches). It was difficult to find an opening in the occipital bone where the swelling existed. No treatment was resorted to, except good nursing. Death took place in March, 1852, during an attack of suffocation. On a careful examination the head was found to be well shaped, the skull bones were thick, the sutures closed; only the anterior fontanelle remained wide open. The brain completely filled the cavity of the skull; its lateral ventricles contained a large quantity of clear fluid. There were some few other deviations from the natural formation of the greater or lesser brain (which are not specified). A round hole, about one centimeter (four lines) in diameter was found below the protuberance of the occipital bone through which the external swelling communicated with the fossa cerebelli. In the swelling no brain substance was found; it was lined by a smooth membrane continuous with the arachnoid. The dura mater rested against the pericranium.

The contents of the tumor consisted of serum which came from the ventricles of the brain.

There are some points in which the report (from which I translate) of this case is not very precise. It would be interesting to know whether pressure upon the tumor produced any symptoms of compression of the brain. Whether the communication between the external swelling and the ventricles of the brain was at the valve of the arachnoid: most likely, as any other would of necessity imply rupture of the brain itself; and such an important lesion would certainly not have remained unnoticed. Again, what was the cause of suffocation from which death took place: was it produced by any lesion in, or pressure upon, the medulla oblongata, or was it merely some accidental or mechanical cause? I am sorry that the original record is not at my disposal to answer these questions, and must therefore refer for their solution to the above-named *Journal de Médecine de Bordeaux*, June, 1860.

Mr. Gintrac, after having thus far shown the pathological difference between encephalocele and hydromeningocele, has come to, and gives, the following conclusions respecting the latter.

Hydromeningocele may differ, according as the fluid which raises the meninges, is arachnoideal or ventricular.

In both cases the brain may be in a more or less retarded state of development, or spoiled condition.

The most frequent seat of these swellings is at the back of the head; but they occur also at the inferior region of the forehead (root of the nose). The serum does less frequently find its way through the fontanelles or sutures, than through an abnormal opening in the bones themselves in consequence of retarded development.

The tumor does occasionally occur in the median line of the head; more frequently, however, to one side of it.

It is most probable that the disease commences in utero, and at the beginning of gestation.

It is difficult to determine the cause of the deficiency in the skull. This formative fault does not always restrict itself to its primarily occupied place, but extends frequently, so as to form a cleft.

Simple hydromeningocele is that, which is not complicated with extensive changes or with retarded development of the brain, and has in its effects neither any very marked functional disturbances of the same, nor any conspicuous modifications in the form or size of the head.

At birth, the tumor is generally not very large; occasionally, however, it is already of considerable size, and then it becomes frequently an obstacle to parturition.

The form of the swelling is variable: viz. hemispherical, oval, conical, etc.

The tumor is very seldom covered with hairs, or if at all, they are scattered.

The skin covering the tumor is delicate, and generally semi-transparent. It does not usually change its color; but in some cases becomes of a brownish-red.

Fluctuation is almost always distinctly perceptible in the tumor.

At the beginning, the swelling can easily be reduced, imparting distinctly the feeling that its contained fluid enters the cranial cavity.

The opening in the skull may be felt, after thus emptying the tumor; frequently it may even be detected without doing so. Only in those cases where the opening is very small, and the fluid in the bag difficult to reduce, may it escape observation.

The tumor generally is not pulsating. It becomes tense, when the child cries, or when it makes any strong exertion.

It is painless, and may be compressed without distress to the child; but if it is large, heavy pressure upon it may produce serious brain symptoms, viz. drowsiness, convolution, vomiting, etc.

It is not very easy to distinguish hydromeningocele from hydrencephalocele during life; the differences are indeed occasionally very trifling. In those cases, however, where

the tumor is very transparent, and where its fluid is yielding, and can be easily and completely reduced within the cranial cavity, it may almost with certainty be concluded that the case in question is hydromeningocele.

The prognosis is not good, but not so bad as in hydrencephalocele.

It is conceivable, that the opening in the skull may gradually grow smaller by progressive ossification, and that the membranous walls of the tumor may adhere to each other in such a way, that a firm barrier is produced against the egress of the fluid from the cranial cavity.

The tumor should only be punctured if the opening in the skull is very small. The advantage of the puncture consists in its rapid reduction of the swelling if it is large. Every precaution against the entrance of air within the cavity of the brain must be taken.

If the opening in the skull is large, the prognosis is as bad as in hydrencephalocele.

## PUERPERAL PERITONITIS.

TREATED SUCCESSFULLY WITH LARGE DOSES OF OPIUM.

BY G. P. CADY, M.D.,

OF NICHOLS, TIoga County,

(Read before the Medical Association of Southern Central New York.)

MRS. C—, a healthy, though not robust, woman, aged 35, was delivered of her fifth child, April 2d, at nine o'clock A.M. I saw her first at midnight and found the labor progressing favorably, but about four o'clock the head became impacted in the pelvis, and although the pains were very strong for three hours, there was no progress whatever.

The pains then became irregular and distressing, and the patient exhausted and nervous. I then gave chloroform and delivered with the forceps, without trouble. I left her comfortable. In the afternoon of the second day, she took a laxative, which moved the bowels in the evening. The next morning I was called to see her, and was alarmed to find her attacked with puerperal peritonitis. She had slept but little through the night, and during the latter part had suffered several severe chills. Her skin was dry and hot, her tongue dry and covered with a thin white fur, her countenance anxious, her respiration hurried, her pulse 140, her bowels, especially the lower part, extremely tender and painful, so that the binder had to be loosened, and there was also tympanitis and slight sickness of the stomach. I went to my office (for she lived but a few steps from us), and weighed out two doses of opium, four grains each, one of which I gave at nine and the other at eleven o'clock. I then gave two grains every hour for four hours, when she became thoroughly narcotized. She lay quiet, her skin moist and itching, her eyes slightly suffused, the pupils contracted to a point, the respirations 10 per minute, and sighing. She complained of no pain, but was easily roused to take her medicine or drink. I gave all the medicine myself, and for four days I firmly maintained this condition of complete narcotism, by large and repeated doses of opium, as were required. Sometimes I would give her two grains every hour, and sometimes two grains every two hours, taking particular care not to give too little as well as not too much.

On the third day she vomited several times, but I only repeated the medicine oftener, and it soon subsided.

I did not permit the respiration to vary much from 10 per minute. On the fifth day, the pulse began to fall, and I held up on the opium. On the sixth day, the pulse was 85, and from that time she took four grains each quinia and opium, per day, for several days, when her appetite returned, and both were omitted.

On the sixth day, I ordered an injection of warm water, which moved the bowels freely. The lochia were much less during her severe illness than for several days after.

I did not give nearly so much opium in this case as in some others that I have treated, for the reason that it did not require so much to induce narcotism. I gave thirty-

four grains the first twenty-four hours, and after that from twenty to twenty-five grains per day.

### LONG CONTINUED HÆMORRHAGE IN UTERO-GESTATION.

**ANÆMIA—ARTIFICIAL DELIVERY—RECOVERY.**

BY A. SEARLE, M.D.

OF ONONDAGA VALLEY, N.Y.

In the year 1841, I had the care of a lady somewhat advanced in life, of laborious habits and strong constitution, who had been pregnant four or five months with her fifth and last child. When I first saw her she was suffering from a moderate uterine haemorrhage, but otherwise was in good health. I directed astringents, cordials, and rest. I did not hear from her again until the full time of gestation had expired. Then, by the advice of a lady friend, who stated that "something must be done," I was sent for again. I found that a constant haemorrhage from the uterus had been kept up from the time of its commencement. To me the symptoms were of the most alarming character; her face and lips were pale as death, and the pulse was very small and feeble. To all appearance her strength was almost exhausted; the same moderate haemorrhage was still continued; her face was puffy as a person with the dropsy; and dyspnoea, a still more alarming symptom, was present. There had not as yet been a symptom of labor.

As counsel could not be readily obtained, and agreeing with the old lady friend, that not only "something must be done," but that the patient required immediate assistance, I determined to attempt her delivery without delay. This course was suggested to me by a similar case related to me by a neighboring physician. He stated that his case proved fatal by waiting for natural labor; and he remarked, that if he should have another similar case, of long continued and moderate haemorrhage, he should deliver the patient before her strength was exhausted, whether the patient was in labor or not. I proceeded therefore immediately to examine the case, with reference to immediate delivery. The os uteri was dilated, and the whole system very much relaxed, and favorable for the operation. I succeeded without difficulty in grasping both feet of the child, and bringing them down together, as is my usual practice in version. After the lower extremities were brought into the vagina, natural pains were excited, and the patient, with slight assistance, was soon delivered of a still-born child, having no appearance of life. Convalescence was rapid and complete.

### CASE OF PLACENTA PRÆVIA.

BY FRANKLIN A. YOUNG, M.D.

OF GLENVILLE, NEW YORK.

On the 1st day of June, 1861, at 9 A.M., I was called in great haste to see Mrs. T—, aged 20. The messenger informed me that she was in the seventh month of pregnancy with her second child. Was also informed by him that she had had considerable hemorrhage the day previous, which was now much increased and accompanied with labor pains. I visited her as soon as possible (the distance being four miles from my office), and found the bedding and clothes of the patient completely saturated with blood. Her pains were short and feeble; pulse weak. Was informed by the nurse that the hemorrhage had suddenly stopped a few moments previous. On examination found the mouth of the womb dilated about the size of a quarter of a dollar, with the placenta presenting. There was occasional nausea and vomiting. No hemorrhage now occurring, I of course could do nothing but wait. The labor pains continued to increase and the os uteri to dilate. The membranes ruptured about 12 m., and at 12.30 the placenta presented at the vulva, and was shortly followed by the child, which was expelled dead. No more hemorrhage occurred. The

patient was very much exhausted from loss of blood, but stimulants were freely administered, and she soon rallied. She had a good recovery. This case confirms Simpson's theory, I think, that the complete separation of the placenta arrested the hemorrhage. Soon after the sudden stoppage of the blood the membranes ruptured, then in a short time the placenta presented. Does it not fully confirm Simpson?

## Reports of Hospitals.

### BELLEVUE HOSPITAL.

#### ANEURISM OF THE AXILLARY ARTERY.

SERVICE OF DR. J. J. CRANE.

[Reported by ESKINE MASON, M.D., House Surgeon.]

JOHN MEYERS, set. 45, Ireland, carpenter, admitted July 15, 1861. General health good, no hereditary predisposition. Five years ago suffered from a slight attack of rheumatism, which is the only sickness he remembers having. Last December he noticed a sharp constant pain in the top of the right shoulder, which lasted nearly up to the present time; at present he suffers but little. Three months ago he noticed a swelling in the right axillary space, which has gone on increasing up to the present time. Two months ago his right arm became edematous, and is now very much enlarged.

Inspection revealed a large tumor filling the whole axillary region, as well as the subclavicular and superior pectoral regions, and extending backwards so as to press the scapula outwards, and to one side. The veins over this tumor are very much enlarged. The horizontal measurement of the tumor at its widest part is over twelve inches, anteriorly its depth is about six inches, laterally in the axilla it is about four inches, and posteriorly over the scapula about four and a half inches.

Physical examination reveals a very slight pulsation synchronous with the heart. Auscultation gives a single bruit, no aneurismal thrill. An anemic bruit is heard over the aortic valves. A consultation being called, it was decided not to operate. The tumor seemed to be increasing rapidly upward, and the strength of the patient grew weaker and weaker, till he finally sank, and died July 18, at four and a half P.M.

*Autopsy.*—The aneurism was found to have taken its origin from the axillary just where it becomes the brachial, and extended upwards under the clavicle, beneath the carotid as high as the thyroid cartilage. The subclavian artery was strongly adherent to the sac of the aneurism. The inner surface of the clavicle was somewhat eroded, and the brachial plexus of nerves were so compressed, that they presented the appearances of bands stretched across the tumor. Inside the thorax it extended down below the fifth rib, having caused absorption of all the four upper ribs, and a portion of the fifth. The lung was also greatly compressed; outside the chest it extended downwards to the seventh intercostal space. Scapula was pushed outward, and to one side, and the superior angle was found to have been partially absorbed. Aneurism, when removed, measured from within outwards nine inches, above downwards eight inches, depth seven inches. Heart healthy. Notwithstanding all this pressure upon the nerves, and compression of the lung, he scarcely ever complained of any pain, nor was there any distress as regards his breathing while he was in the hospital.

#### TRAUMATIC ANEURISM OF THE COMMON CAROTID.

SERVICE OF DR. JAMES E. WOOD.

JOHN J. SAMUELS, set. 12, good constitution; was admitted into the hospital, July 6, 1861. Five weeks before admission, he was struck by a fragment of a small brass cannon

which exploded, producing a wound of sufficient size to admit the first joint of the little finger, upon the left side of his neck along the base of the inferior maxilla, midway between the symphysis and angle of the jaw. The hemorrhage was so great as to cause immediate syncope; and half an hour elapsed before the bleeding was fully controlled. The same day a tumor was noticed by his mother on a line with the wound, between the sternum and left mastoid process. It gradually extended, though producing no pain which the child complained of.

On admission it was the size of a goose's egg, measuring in its long diameter over three inches; short diameter two inches; situated about equally anteriorly and posteriorly to the angle of the jaw, which it covered; diminishing obliquely above, more abrupt and protuberant below. Distinct pulsation and bruit existed throughout the whole extent of the tumor, which was tense though elastic. A few days before admission he consulted Dr. Wood at his office, who advised an operation, and sent him to the hospital for that purpose.

*July 10.*—The patient being etherized Dr. Wood tied the common carotid below the omo-hyoïd in the omo-tracheal triangle. The artery was found at a depth of two inches, and an inch and a half to the left of its normal bed, so as to be near the outer border of the sterno-mastoid muscle. As soon as the ligature was tied all pulsation and bruit ceased. The following morning, the tumor not having become hard, though all pulsation had ceased, cold was applied with some little success. There was also considerable febrile movement, which abated under the exhibition of liquor ammon. acet. and morphia. *July 14.*—Tumor has increased one-third in size, although there is no pulsation, and is somewhat discolored anteriorly, and elastic; posteriorly it is rather hard. The enlargement, though chiefly upward and outward, still threatens to compress the trachea. 7 P.M. tumor has extended to the malar process, the larynx is pressed upon so as almost to prevent vocal sound; breathing stridulous; and some dyspnea. Patient only able to sleep while lying upon his face. The sutures for the wound were removed, and a small quantity of serous discharge evacuated. *July 15.*

—The original wound having ulcerated through, arterial haemorrhage took place, which was controlled by plugging the wound with picked lint dipped in the solution of the persulphate of iron, and a graduated compress. After this hemorrhage the breathing seemed to be for a time somewhat relieved. *July 16, A.M.*—The tumor has so increased that he can hardly swallow, and then only while in the erect posture; his breathing is also labored, though not to the same degree as the day previous. A quarter to 4 o'clock of same afternoon, profuse hemorrhage again took place from the same wound, which could not be controlled by pressure. Accordingly, in pursuance of the directions left me by Dr. Wood, while Dr. Fernandez held the head in position, and controlled the carotid of opposite side, I instantly laid the aneurism freely open, turned out the clots, and without any great difficulty save from the presence of hemorrhage which was excessive, succeeded in seizing the bleeding carotid, which was bleeding from both the distal, and a small arterial twig at the cardinal extremity of cut vessel. The wound was about one inch above Dr. Wood's ligature, and about six lines in length. The hemorrhage which took place during this operation, was truly frightful, and though the patient was kept constantly stimulated, so great had been the loss of blood, that he died about ten or fifteen minutes after the vessel had been tied. Upon post-mortem examination the surrounding tissues of the neck were found to be in a sloughy condition. A firm coagulum had formed above the ligature, though none below it.

#### Penetrating Wound of the Antrum of Highmore. Service of Dr. J. J. Crane.

JOHN BRODERICK was admitted into the hospital, July 1, suffering from some slight flesh wounds upon his arm, and

an incised wound under the left eye about an inch in length. These wounds he stated he received with a knife in the hands of a soldier. Upon examination of the wound beneath the eye a small piece of loose bone was felt, which was removed. The wound was thoroughly explored both by the finger and probe, and nothing abnormal detected. The wound did perfectly well, and the patient was discharged July 12.

July 15, he was readmitted with left side of face and throat enormously swollen. The fauces were also so extensively swollen that all examination of the throat was entirely out of the question. The tongue was turned upon itself, and pushed over to the left side. At times he expectorated considerable blood, and suffered from dyspnea. Upon consultation the tumor upon the outside of his throat as well as inside, was thoroughly explored, but nothing detected. July 16, the dyspnea had become so urgent that I performed tracheotomy about 7 P.M. which greatly relieved him, and he slept quietly till about 10<sup>4</sup> P.M. when he awoke up in the bed to call the nurse, and suddenly sank back and died.

Upon post-mortem examination, a blade of a common table knife was found three inches long running through the antrum of the superior maxilla, which had passed through the floor of the orbit, through the antrum breaking off the alveolar process of last molar tooth, and having no connexion with the buccal cavity. It passed above and behind the hard palate, passing into the conical region between ramus and angle of lower jaw, at which joint there was a cavity filled with broken-down tissue and coagula. There was also some oedema of the glottis, and an opening was found leading from the above cavity into the upper portion of the trachea, which was filled with clots of blood.

## American Medical Times.

SATURDAY, AUGUST 3, 1861.

#### THE PROFESSION AND THE CRISIS.

We are for the first time as a nation engaged in a war of great magnitude, and one which will necessarily inflict a vast amount of individual suffering and national loss in health, limb, and life. The vigor of national life depends on the vigorous life of the molecules; and whatever prematurely cuts off a life, injures health, or destroys a limb, injures the nation, and impairs its strength. The public sentiment of the country has not been alive to this fact, and it will take all the terrible lessons of war and its attendant calamities to impress this truth effectually upon the national mind and conscience.

We to whom life ought to have been at a premium have been less conservative of this precious commodity than Austria (whom we have often lightly undervalued and despised), where life is redundant. Life has been habitually disregarded, and wantonly wasted. The suicidal and murderous practices which exist in the community, of preventing and destroying offspring, have obtained such hold on large portions of the people as to rank among the conservative virtues. This perversion of both natural and supernatural virtue will probably undergo speedy correction. Boys will be wanted to defend their country, replenish decimated ranks, and cultivate the neglected soil. They will soon become valuable; and the virtuous American matron surrounded by a troop of fair daughters and stout sons, will not be reproached as a foolish person who has had a larger

family than was convenient, but will be honored as were the Roman and Israelitish matrons for bringing forth and rearing children—the future life of the State.

The medical profession is the guardian and conservator of life. It has exposed and denounced the vice alluded to—the product of an age of effeminacy, luxury, and sensuality, and exerted all its power to check and extinguish it. It now is addressing itself to the task of saving an unnecessary waste of life in its strength and maturity, in the effort to preserve national existence.

All great discoveries for the arrest of pestilence, the cure of disease, the preservation of life under threatening circumstances, and the mitigation and extinguishment of pain, owe their origin to the medical profession. It has calmly examined every proposition to these ends, from whatever source emanating, accepted the good, and rejected the bad. It has jealously watched over the public health, and courageously exposed and denounced the causes of disease, and abbreviation of life arising from ignorance, avarice, or oppression. It has always ranged itself on the side of justice, humanity, and charity. It has boldly led the forlorn hope in pestilence and famine, and, non-combatant, has encountered all the risks and dangers of the battle-field, without the stimulus of honor, promotion, and public favor held out to the brave or successful combating officer. Egypt and the Peninsula, Mexico, the Schleswig Holstein and the Crimean wars, India and China have each produced its medical heroes, and have raised military surgery and medicine to their present high scientific and social standard. The fever hospitals of Dublin and London, the yellow fever epidemics of Spain, Gibraltar, Jamaica, New Orleans, Savannah, Norfolk, and Portsmouth, and the ship fever of 1847, bear witness to the courage, devotion, and success of the civil element of the profession, and together prove, if proof were wanting, that that profession is the conservator of life, that its principle is to save life, and its interest, to be successful; and that it is fearless, in seeking its ends, of personal dangers, prejudice, and authority, and moderate in its claims for honor and reward.

We are now making the first great draft upon our national life. One-half of our people are in open rebellion, and the other must make fearful sacrifices to recover that which is in danger of being lost. The losses on both sides are national injuries, and affect the life of the nation. The medical profession must rise to the emergency with singleness of purpose, purity of motive, and unanimity of action.

War, whatever it may be in its results, is destructive in its operation. Sick and wounded soldiers are its product and its encumbrance. The General ought to have nothing to do excepting with strong men. His interest and duty require strong men to work and fight. His humanity respects and sympathizes with suffering, but his necessities forbid him to exercise those amiable sentiments; and by and bye a disgust is felt for both sick and wounded, every body and everything connected with them. From this source, and the traditions of inchoate medieval medicine and surgery, have arisen the gross indifference and neglect of the medical staff of armies, and the preference over it of other more showy but not more necessary departments. It requires as much intellectual power and culture to preserve and restore human health as to make a cannon, build a fortification, or plan a battle. Hygiene is as great a science as engineering. It is for the same reason that Surgeons have been denied substantial military rank, and that

the fighting officers have always manifested a jealousy of any step in advance made by the Surgeons. In short, it has been and is the principle to prefer life-destroying to life-saving.

The scale upon which recent military operations have been conducted, and the modern rapidity of movement and execution, have demonstrated to all well educated and enlightened military men the necessity of adopting measures by which sickness may be prevented, and the risks of sudden and extreme changes of climate and habits of life in some degree guarded against. The soldier in modern warfare is more of a machine than he ever was before, and less provided with the means of self care and individual existence. He partakes of the physical constitution of his race and country, and has most of the artificial wants and insidious seeds of premature decline which inhere in our system of hyper-civilization. The rapidity of transportation carries him suddenly from his accustomed climate to one wholly new and perhaps injurious, and for the same reason he is exposed to frequent and often very great irregularities in respect to his supplies.

The modern rapidity of movement is far more prejudicial to life than the slow operations of a former period, and are far more dangerous to the soldier than all the inventive genius expended in projectiles and Zouave drill. Besides, the modern soldier, especially the American, is intellectual; he reads and takes a deep personal interest in every public act and movement, and has, superadded to his other causes of waste and decline, high mental activity, from which the old-fashioned soldier was perfectly free. Modern science, which has created the cause, must provide for the result. It must, by prophylaxis, sanitary science, care in inspection, and surgical and medical skill in treatment, reduce the mortality of troops to very near the level of ordinary metropolitan districts, the casualties of battle excepted. This duty devolves upon the profession as the conservator of life, and as the only body which possesses the knowledge and humanity to execute it.

*It must be furnished with the necessary power.*

The agents of the profession in carrying out this object, are the Medical Staff of the Army, and the Sanitary Commission. The latter ought to have executive powers added to its functions of inquiry and advice, to enforce its requirements, and a distinct appropriation for its expenses. The rank of the medical officers should be increased. The Surgeon-General should have the rank of a Major-General, and Medical Directors should be Brigadiers. Surgeons of five years should be Lieut.-Colonels, and after ten years, Colonels; Assistant-Surgeons should be Captains, and after five years Majors. Substantial power should be given over sick and wounded men, and all persons in any way connected with them; and sanitary advice should be considered imperative, unless overruled by a paramount military reason. The Chief-Surgeon should be ex-officio honorary member of the Council of War, and should have command, not direction, of the whole medical and sanitary corps. The Quarter-Master, who has charge of the transportation of supplies, should report to him, and act under his orders, and he should have control, and be responsible for the removal of the wounded, from the field to general hospitals.

The objection to substantial rank and command made by line officers is, that by introducing it, the authority of the fighting officer would be interfered with, and dis-

cipline impaired. We believe the result would be directly opposite, as the two authorities, military and medical, are in two distinct orders, and would clash less than the present method of mutually uncertain sovereignties. The efficiency of an army depends on its healthy, robust men, who can do hard marching, eat coarse food, bear privations, and rebound with elasticity from ordinary illness and excessive fatigue. This is the weapon to be placed in the hand of the General. When a man cannot come up to this requirement he must be handed over to the surgeon to be cured, or discharged. The surgeon should have plenary authority, and the General commanding should not concern himself about the sick and wounded, excepting to furnish guards and escorts. The Surgeon should be held responsible for the preservation of health, and after a battle, for the removal and proper treatment of the wounded; and if they have not been brought off, and properly succored, he should bear the blame, unless he can show good reason why he could not execute that portion of his duty. Officers and men, who are in any way concerned with the sick wounded in hospitals, should be commanded by the surgeon in charge, precisely as the surgeon is in his turn commanded in purely military matters. There is no more incongruity in an old officer obeying a young surgeon in one department of military government, than in an old surgeon obeying a young officer in another.

Sanitary Commissions may inquire and advise; Surgeons may skilfully and heroically operate under fire, and suffer themselves to be captured with their wounded; Assistant-Surgeons may nightly walk their wards till they faint upon the floor, but, until the Medical Staff are endowed with substantial rank, plenary authority, and promotion for merit, the mortality of armies will continue, the sick will be deprived of necessities, and the wounded will be often left to rot upon the field. No man but a surgeon can appreciate what the sick and wounded require, and he should have a power to command it (not merely ask for it) if it is to be had. No other man has a cultivated principle and an acute self-interest entirely enlisted in the cause of saving life. With all others it is a humane sentiment and a Christian doctrine; with him it is a clearly defined, ever-present vital principle of study, thought, and action.

The recent battle of Bull Run adds its testimony to the heroism and devotion of the Medical Staff, and the inadequateness of the means at their disposal. The profession, as the conservator of life, asks in the name of the Republic why the wounded were not brought off the field, and why the hospital was not guarded? It asks why the surgeons were not sustained and protected in the discharge of their duty, and why none but those able to walk made their way back to Arlington, and the hospitals?

It does not appear that stimulants or nutrition were prepared in any quantity before the battle at the church at Centreville, or that any orders for the general guidance of the regimental staff were issued.

We know the character of Surgeon King; and we know that if he had had plenary authority he would have provided against all these contingencies, and that a better result would have been shown. It may have been that all was done that could have been done, but the heart of the country bleeds at the thought of her sons wounded in defending her very life, stabbed and mangled on their bed of glory by an infuriated horde of traitors and rebels.

The names of the medical officers who suffered them-

selves to be captured rather than desert their wounded, will be enrolled among those of the martyrs of science and humanity. It would appear, however, that they have suffered the double martyrdom of capture, and of being deprived of the object for which they made the sacrifice. The animus displayed by the enemy should serve hereafter as a warning to medical officers, as they will be of no use to their fellow captives, and their regiments will lose their services.

We hope in our future battles the wounded and their medical staff will be properly protected, so that such sacrifices need not again be made. The medical officers whose duty it is to go forward with their regiments should remain with them, carefully sending the wounded as fast as possible to the field hospital. In civilized warfare the hospital, the surgeons, and the wounded, are sacred. These laws have been suspended in the Sepoy rebellion, and in the present by one party.

It was recommended at a meeting of the section on Surgery of the Academy of Medicine, that a committee should be appointed to treat with the profession at the South with reference to a reciprocity of medical and surgical services. The South cannot be recognised as a legitimate belligerent, but having made her appeal to arms she is bound to observe the laws of civilized warfare. From what has occurred at Bull Run, and from the accumulative evidences of ferocity and cruelty, both there and against inoffensive northern people, we doubt whether any such proposition would be entertained. Until some definite understanding is had on the subject, we would advise the surgeon, if he is in danger, to leave his wounded whom he can neither remove nor relieve. The case is different in a permanent hospital, where there are sick and convalescents from amputations and resections. These are usually in a city, or in a large town; and if the place is taken, we would recommend one at least of the medical officers to remain. If Washington is in danger of capture, one at least of the medical staff should remain with the necessary attendants, in each hospital. We hardly think even the South would offer such a defiance to the public opinion of the world, and such an outrage to humanity, as to violate the hospitals of a captured town. At any rate, the sacrifice on the part of the medical officer would be heroic, and if slaughtered his death would be glorious.

In advocating plenary authority for the medical staff, according to rank and duty, we, as a matter of course, must be understood to mean that such power should be intrusted only to men of the highest order of professional and personal character. Thorough examination, and the demonstration of the possession of talent, character, discretion, and firmness, should be the only channels to promotion and confidence. The military staff should cherish a filial sentiment towards the profession, and the profession on her part should favor and encourage them by her approval, honors, and rewards.

We earnestly ask the attention of Congress, the Administration, and the State legislatures to the subject. Plenary authority was strongly recommended by the sanitary commission of the British Government to the Crimea, in 1855 and 1856.

The Medical Profession has never betrayed or abused any trust confided to it. The lives of thousands of citizens, the strength of the State, and the efficiency of the armies of the Republic, demand new, enlightened, and liberal legislation.

## THE WEEK.

In the battle of Bull Run the Medical Staff of the Army seems to have been severely exposed, and to have won deserved praise by its devotion to duty. The surgeons of the New York regiments especially suffered in their efforts to succor the wounded. In this connexion we have to record the death of DR. ALFRED POWELL, Surgeon of the Second New York Regiment. A captain of that regiment writing to the *Evening Post* says: "We mourn the loss of our physician, DR. ALFRED POWELL, a noble man, who refused to leave those under his care, and was brutally murdered while engaged placing our wounded in the ambulance." DR. POWELL was a highly respectable practitioner of this city, and relinquished a lucrative business to join his regiment. His death, under the circumstances above given, attests his devotion to duty in the face of danger, and affords another illustrious example of medical heroism. Among the prisoners we notice the following surgeons from this city: FOSTER SWIFT, M.D., STEPHEN GRISWOLD, M.D., EUGENE PEUGNET, M.D., S. FERGUSON, M.D., CHARLES DE GRAW, M.D.; and from Brooklyn, J. M. HOMESTON, M.D., and F. SWALM, M.D.; from Maine, B. BUCKSTONE, M.D., A. ALLEN, M.D., A. A. G. WILLIAMS, M.D.

It is stated that the prisoners are engaged in attending the sick in the hospitals.

THE mortality among Medical Journals during the last half year has so greatly exceeded the births, that if the same ratio continues another six months, the profession will be entirely deprived of this useful class of publications. One after another has fallen from our exchange list, without its place being supplied, until the total is reduced to an insignificant number. At length we are cheered with the appearance of a new medical periodical—THE BUFFALO MEDICAL AND SURGICAL REPORTER—dating its existence from August, 1861—a memorable era not only in the history of the country but in the history of medical journalism. We cannot sufficiently admire the courage of its editor, JULIUS F. MIXER, M.D., who has boldly launched his bark upon a still tempestuous sea, whose surface is covered with the wrecks of many a stalwart ship. We can but regard this work as a proof of a sound and healthy state of our profession in Western New York, and most heartily do we wish it success. The *Reporter* will be issued monthly, in size thirty-two pages, and closely resembling the old Buffalo *Medical Journal*. The subscription price is \$1.00 per annum. The present number contains papers of much local and general interest.

THE Sanitary Commission, at Washington, which in this hour of trial is demonstrating its power of doing incalculable service to the suffering, has demands upon the sympathy and co-operation of the medical profession of the country, as well as of all humane and patriotic citizens. Medical men in whatever locality can contribute largely to aid the good cause by soliciting from their friends the supplies of which the wounded are in so much need at this time, and forwarding them to the Commission. They require ice, wine, sheets and sheeting, flannel, and toweling, and mosquito-netting. Many of these articles every country practitioner has the power to supply, and we hold that the neglect of such opportunities of rendering a service to the sick and wounded who have volunteered to fight the

battles of our country, is reprehensible. We shall recur to this subject in a future number.

THE return of the three months' volunteers has again filled our streets with soldiers; but instead of the plump and animated faces of the recent volunteers, they wear the thin, brown, expressionless visage of those who have not only been exposed to hard labor, but to want and privation. It may be that they have received every care that a wise and provident Government ought to provide, but it is certain that this aggregate reduction of the vital energies of an army must tell powerfully against it in the long and obstinate struggle for supremacy in the field.

## Reviews.

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. Part Forty-third, Uniform American Edition. New York: W. A. Townsend.

THIS excellent résumé of current medical literature for the last half year is punctually issued. It contains its usual variety of practical matter.

THE SOLDIER'S FRIEND: or, Hints for the Physical and Moral Welfare of Soldiers of the United States. By GEORGE J. ZIEGLER, M.D., of Philadelphia. Philadelphia: 1861. pp. 8.

REPORT OF COMMITTEE ON MILITARY SURGERY TO THE SURGICAL SECTION OF THE NEW YORK ACADEMY OF MEDICINE. New York: S. S. and W. Wood. 1861. pp. 31.

THESE pamphlets are designed for circulation in the army. Dr. Ziegler's work consists of several aphorisms relating to the preservation of health, and so stated that the common soldier can understand and practise them.

The Report of the Academy, a portion of which has already appeared in this Journal, is intended for the Army Surgeon. It is the design of that body to furnish copies of it gratuitously to the surgeons of the volunteer corps.

OUR ALMA MATER FIFTY YEARS AGO: An Oration delivered before the ALUMNI ASSOCIATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS, Medical Department of Columbia College, New York, at the Spring Commencement, March 14, 1861. By THOMAS W. BLATCHFORD, A.M., M.D.: New York, May, 1861. pp. 44.

The Alumni Association of the College of Physicians and Surgeons, was formed about two years ago, for the purpose of uniting, annually, the graduates of that school in social festivities; and thus cultivating and preserving the friendships formed during attendance upon lectures. On this occasion, an Oration is delivered by appointment, which has thus far formed a part of the Commencement Exercises of the College.

This is the Second Annual Address, delivered before the Association. The Orator, long one of the most eminent physicians of this State, was a graduate in the first class of the College of Physicians and Surgeons, in 1810. He naturally chose for his subject, a sketch of the members of the faculty at that early day. They were BARD, DEWITT, HOSACK, McNEVIN, MITCHELL, POST, HAMMERSLEY, SMITH, OSBORNE, and STRINGHAM. Dr. Blatchford has given a most interesting account of these founders of the School as they appeared to him in the lecture-room, interspersed with numerous anecdotes, illustrative of their individual characters.]

## Progress of Medical Science.

### ABSTRACTS FROM RECENT MEDICAL PERIODICALS.

By E. H. JANES, M.D.

#### TWO CASES OF TETANUS.

An interesting case is reported in the *Madras Medical Journal* in full by the late St. George Williams, M.D., in which chloroform and extract of belladonna were used with advantage.

The patient, aged 24, received a gun-shot wound in the left arm, followed in about three weeks with severe tetanic paroxysms. The treatment was at first, tr. hyoscyamus, opium and mist. camph., with liniment of ammonia and laudanum along the spine, and an occasional purgative draught. Tinct. of Indian hemp was soon substituted for hyoscyamus, leeches to the wound, calomel and morphia occasionally. On the fourth day of the paroxysms, he had during the last eleven hours, 20 minimis tinct. of Indian hemp, and 20 minimis tinct. of hyoscyamus, in a little brandy, every hour, without the slightest effects. "Skin since daylight appears of a darkish tint; lips bluish; respiration frequently entirely checked during the paroxysm; and the heart's action becomes scarcely perceptible; spasms scarcely ever absent." B Chloroform 3 ij., ext. belladonneæ gr. vi. M. minimis xxx. for a dose in a small spoonful of water, and twice repeated within two hours, by which time the paroxysms became of shorter duration and less frequent, when the last mixture was omitted, and the cure was completed under the ordinary treatment. The writer does not think the patient could have survived an hour on the morning he resolved to try the chloroform internally. Large quantities of narcotics were given without the slightest effect. 3 x of Laudanum were used in the liniment.

Another case is reported by George Smith, M.D., Residency Surgeon, Hyderabad, in which Fleming's tincture of aconite was the remedy employed, and is interesting both for the success of the treatment, and as illustrating the tolerance of powerful remedies in proportion to the severity of disease. The patient, a boy, aged 10½ years, of spare habit, slightly injured the tip and nail of the middle finger of the right hand, in the hinge of a door, and ten days after was brought under treatment, having had symptoms of threatening trismus for the last two days. A castor oil and turpentine enema was administered, and the following liniment ordered. B Linim. opii 3 i., extr. bel-ladon. 3 ss., tinct. aconiti 3 xx., ol. olivæ 3 ii. M. Two drops of Fleming's tinct. of aconite (prepared by Duncan and Flockhart) were given every hour. We cannot follow through the interesting details of this case; the patient's condition and treatment being reported at length at several different periods of each day. The aconite was continued throughout in doses varying according to the severity of the disease. The largest quantity was given on the eighth day, being 95½ minimis (143 drops). The total quantity given during the seventeen days of treatment, was one ounce and 12 minimis. An occasional purgation and other ordinary auxiliary measures were not neglected. The writer remarks that at the time this boy's case came under treatment, tetanus was very prevalent, and the trifling character of the local injury shows how strong the proclivity must have been. After the eighth day the disease began to give way, and in the same ratio was the tolerance of the remedy perceptibly decreased, and doses that on the 8th barely sufficed to keep the disease in check, would have proved fatal on the 14th. Its specific effects, as detailed by writers, were all observed in this case. He observed nothing to warrant the idea that the primary action of aconite is stimulant; but the sedative action was apparent from the very first cessation of the tetanic spasm being more or less distinct soon after taking the dose,

though this action did not last so long as the specific effects on the general system. Hence the necessity of watching closely the case, and not leaving the administration of the medicine to incompetent hands. The patient was seen and the medicine given at least every second or third hour. Comparing the tetanic with the aconite action plainly shows the antipathic action of the remedy. In traumatic tetanus we have the local injury, from which irritation is conveyed to the nervous centres, inducing a state of hyperesthesia or exalted polarity of those centres (the brain excluded), derangement of nervous function, increase of irritability and stimulus resulting in tonic spasm of the voluntary muscles, fixation of the diaphragm, pain from the contracted and torn muscular fibre, the consequent crushing of the sensitive nerves, and obstruction of the capillary circulation of the affected parts; followed by the consequent exhaustion; death occurring by asphyxia from spasm, or by asthenia from exhaustion, or by syncope, from sudden cessation of the heart's action. Aconite, on the other hand, alters the character of the local irritation, then abolishes it, the tingling being followed by numbness; it acts as a sedative of the nervous centres (cerebrum excluded), diminishing their polarity, and inducing a state of anaesthesia, impairing the excito-motor, vaso-motor, and voluntary systems of nerves, causing muscular weakness, paralysis of the diaphragm, suspension of spasm, paralysis of the capillaries, and general exhaustion, eventuating in death by asphyxia from paralysis or by syncope from shock. As no two states of the system can resemble each other more closely than those dependent upon tetanus and strychnine, and no two states of the nervous system are more thoroughly antagonistic than those induced by tetanus and aconite, the specific action of strychnine, and that of aconite, appear to be antagonistic to each other, a fact which should be borne in mind in cases of poisoning by either. In illustration of the great tolerance of medicinal action developed by certain diseases, the writer mentions giving half a drachm of Fleming's tincture in a case of hydrophobia without influencing in the least the paroxysm which shortly followed; and adds that should another case come under treatment, he would not hesitate to give large doses a fair and decided trial.

## Sanitary Commission.

### REPORT OF THE RESIDENT SECRETARY, OF A PRELIMINARY SURVEY OF THE CAMPS OF A PORTION OF THE VOLUNTEER FORCES NEAR WASHINGTON.

(Continued from page 61.)

**PERSONAL CLEANLINESS.**—In but few cases are the soldiers obliged to regard any rules of personal cleanliness. Their clothing is shamefully dirty, and they are often lousy. Although access is easily had to running water, but few instances are known where any part of the force is daily marched, as a part of the camp routine, to bathe. A careful daily inspection of the state of the men's clothing is probably made in few, if any, regiments. Whatever good qualities they possess in other respects, so far from being good soldiers in this, which has been long held the elementary condition of good soldiers, our volunteers are, in many cases, really much dirtier than it can be believed they have been accustomed to be in their civil life; and it is obvious that neither they nor their officers comprehend in the slightest their duty in this particular, nor the danger and inconvenience they are bringing upon themselves by its neglect. The clothing of the men from top to toe is almost daily saturated with sweat and packed with dust, and to all appearance, no attempt is generally made to remove this, even superficially. Each man should be provided with a switch or small cat with which to whip his clothing, and a

brush to remove the dust after it has been brought to the surface. It is suggested that these and other instruments of cleanliness should be provided to the men, as in the French service, and that they should be required to carry them and exhibit them at inspection, as a part of the Government property for which they are responsible.

**CAMP POLICE.**—There is often hardly a pretence of performing the ordinary police duties of a military camp. The men take food into their tents, and its crumbs and morsels are to be seen covered with flies in the inside, in the intervening spaces, and even in the camp-streets, which seldom appear well swept. Often the drains are so neglected, that they become receptacles for rubbish. Within the tents a musty smell is often perceptible. It is suggested that the Commission should recommend that orders be given that during the summer all camps should be shifted at least once in ten days, unless imperative military reasons forbid, and that twice a week all tents should be struck, turned inside out and shaken, all bedding and blankets shaken, the site of tents swept, and, if practicable, sprinkled with a disinfecting fluid or lightly strewed with powdered charcoal or plaster of Paris. It is believed that some very detailed instructions in camp-police duties may with great advantage be furnished the officers.

**CLOTHING.**—The volunteers have generally an abundance of clothing, such as it is, though there are a few who have not a change of shirts. The dress of the majority is inappropriate, unbecoming, uncomfortable, and not easily kept in a condition consonant with health. It is generally much inferior, in every desirable respect, to the clothing of the regulars, while it has cost more than theirs. Considering all the conditions and contingencies of the business in which the volunteers are about to engage, and in view of the many advantages of simplifying all the machinery of the army as much as possible, it may be best for the Commission to recommend that volunteers for ordinary infantry service be hereafter required to adopt the regulation uniform. This could be furnished by the Government under bonds to those recruiting the regiments, or to the State governments called upon or undertaking to supply them, at a much less price than, judging from recent experience, any other tolerable uniforms can be procured by special contract. It may also be best to recommend the early substitution of the regulation garments for those now worn by the volunteers; these being already, in many instances, in bad condition. A New York soldier has been seen going on duty in his drawers and overcoat, his body coat and pantaloons being quite worn to shreds. It is possible that some modification of the present regulation uniform may be made with advantage. If so, this should be in the direction of greater simplicity of parts, greater independence of the baggage wagon, and more grace of appearance. The most conspicuous part of the present uniform is the hat. It is said to be convenient and healthful. The common kepi of the volunteer is pert, unsubstantial, ungraceful, uncomfortable, and dangerous. Covered with what is called the havelock, it is excessively conspicuous—quite unfit for scouting or skirmishing duty. It interferes with the hearing, and, through the common neglect of duty of the volunteer officers, it is allowed to be worn without uniformity, and becomes very untidy. The regulation hat, as it stands, is better than any other military head-dress to be now seen in Washington. Yet its heavy and inelegant character might, it is hoped, be somewhat modified without lessening its essential value. A slight enlargement of the brim, a more tapering form to the crown, and the introduction of some color, possibly making the whole hat of a neutral tint, with a complementary band or plume, would certainly effect an aesthetic improvement. A different kind of shirt might economically displace the present one, which is coarse and harsh in quality. The regulation shoes and socks are far superior to those generally worn by the volunteers, but might perhaps be better. A very slight improvement in the quality of these articles would justify a large additional cost. The French trappings of the soldier,

of the latest pattern, seem to be more substantial and convenient than those of the United States regular pattern, better calculated to preserve health and a certain degree of comfort under circumstances which most try the strength and *morale* of the soldier. If this is the case, Government should not for a moment hesitate to adopt them. Our volunteers are generally men unaccustomed to the necessary hardships of the soldier, suffering from loose discipline, and the rashness, improvidence, ignorance, and neglect of extemporized officers. They need, therefore, far more than regular soldiers, every advantage which it is possible for science and art to offer, for bearing about with them, in the easiest possible manner, means of sustaining their strength, which shall be proof against accidents and available under the greatest variety of circumstances. To simplify what is to be carried as far as possible, and yet to make the soldier more than ever independent of fortune, must be the purpose of all suggestions for a change. No improvement is so great as that which lessens the necessary recurrence of the soldier to the baggage train and the hospital. Whatever does this must almost certainly be economical.

**FOOD.**—*De gustibus non disputandum.* No two reports agree, and the Secretary, having given more time to the study of the subject than to all others during the last week, confesses himself to be yet bewildered by the different statements of matters of fact, and the different judgments on matters of opinion which he has constantly encountered. Where there is not a most incredible ignorance, incapacity, or neglect on the part of the officers, the regiments are supplied with an over-abundance of the raw material of food, excellent of its kind. To all appearance, the Commissary Department is pursuing a generous, wise, and liberal course, dispensing with the usual forms and checks, anticipating and overlooking the neglect of the volunteer officers, and supplying a larger variety of food than is usually served to regulars, or than can be drawn for, as a right, under the army regulations. This very laxity, however, has its disadvantages, and that regiments should sometimes meet with considerable hardship from irregularity of supplies is a matter of course. It is, indeed, wonderful that such a large body of men should be so fully and regularly supplied as is our army, and the Commission need hardly concern itself with the exceptional instances. It is doubtful if any army of the same size ever fared as well as to substantial articles of food, for months together. The raw materials furnished are generally atrociously cooked and wickedly wasted. In consequence of waste, complaint is sometimes made of inadequate supplies, but this is remarkably rare, proving that with care the supply would in all cases be over-abundant.

The question remains whether the food is of the best kind that could be afforded, and in sufficient variety? There are grave objections to the introduction of almost any new article into the dietary of the army; simplicity, and facility of transport and of preservation, being necessary conditions not only of each article in itself, but of all the ration in the aggregate. To increase the number of articles is to increase the duty already heavily overburdening the Subsistence Department; and there are great and insurmountable difficulties in enlarging the force of the Subsistence Department with the rapidity required to provide for all the contingencies of the heterogeneous host, with its incapable officers, suddenly dependent on that department for the sustenance of life. It is a great thing to accomplish the provisioning of this host with the simplest and most easily procured and transported food, by any possible means. It is a still greater thing to have this done honestly and thoroughly well, guarding against scandalous frauds and great and disgusting wastes. Every addition to the dietary of the army increases the difficulty of this task. This must not be forgotten in the consideration of the thousand and one improvements on the ration which have found and will continue to find public advocacy, and some of which are being now especially urged on the Commission as worthy of its recommendation. It is daily made obvious

that no intelligent civilian deems the present regulation ration a suitable and sufficient one for the volunteers, called from the north to the south in the heat of summer; but rash and arbitrary changes might easily be made which would be extremely perilous.

(To be continued.)

## Army Medical Intelligence.

### APPOINTMENTS.

**KENTUCKY REGIMENTS.**—1st Reg. Vol., Surgeon, S. G. Menzies, of Cincinnati; Assistant, G. R. White, of Ky. 2nd Reg. Vol., Surgeon, John F. White; Assistant, S. P. Bonner.

**INDIANA REGIMENTS.**—6th Reg., Surgeon, Charles Schüssler, Madison; Assistant, John W. Davis, Vincennes. 7th Reg., Surgeon, George W. New, Indianapolis; Assistant, William Gillespie, Rising Sun. 8th Reg., Surgeon, James L. Ford, Wahash; Assistant, George W. Edgerle, Muncie. 9th Reg., Surgeon, Daniel Meeker, Laporte; Assistant, M. G. Sherman, Michigan City. 10th Reg., Surgeon, Thomas P. McCrea, Logansport; Assistant, William H. Myers, Fort Wayne. 11th Reg., Surgeon, Thomas W. Fry, Crawfordsville; Assistant, John C. Thompson, Terre Haute. 12th Reg., Surgeon, William Lomax, Marion; Assistant, Isaac Caselberry, Evansville. (State service.) 13th Reg., Surgeon, Ferdinand Mason, Grandview; Assistant, Alois D. Gall, Indianapolis. 14th Reg., Surgeon, Joseph G. McPhee, Bloomington; Assistant, George W. McCune, Rockville. 15th Reg., Surgeon, Richard C. Bond, Aurora; Assistant, J. Milton Youart, Lafayette. 16th Reg., Surgeon, Elias Fisher, Richmond; Assistant, Geo. F. Chittenden, Anderson. (State service.) 17th Reg., Surgeon, John Y. Hitt, Greensburg; Assistant, David H. Henry, Goshen. John S. Bobbs, Medical Director.

**OHIO.**—The Board of Medical Examiners of Ohio, Drs. Awl, Smith and Hamilton, of Columbus, have reported the following gentlemen to the Governor as Surgeons:

W. Clendenin, M.D.; Joseph T. Webb, M.D., of Cincinnati; Norman Gay, M.D., Columbus; J. Y. Cantwell, M.D., Mansfield; R. N. Barr, M.D., Columbus; Francis Gaeter, M.D., Waterloo, Fayette Co.; M. M. Stimmel, M.D., Ada, Harding Co.; David Welsh, M.D., Glencoe, Belmont Co.; W. E. Thrall, M.D., Keokuk, Iowa; G. E. Weeks, M.D., Booneville, Seneca Co.; J. L. Crane, M.D., Ashland. Surgeons' Mates—Thomas H. Kearney, M.D.; Thomas Neal, M.D., of Cincinnati; John McCurdy, M.D., Youngstown; Julius C. Schenck, M.D., Cleveland; Andrew Sabine, M.D., Union Co.; J. W. Cooke, M.D., Toledo.

**BUFFALO PHYSICIANS IN THE ARMY AND NAVY.**—*New York State Volunteers.* Charles H. Wilcox, M.D., Surgeon, 21st Reg.; Joseph A. Peters, M.D., Assistant, 21st Reg.; Lucien Damainville, M.D., Assistant, 31st Reg., under Gen. McDowell. Aaron J. Steele, M.D., Assistant, under Gen. Mansfield. *United States Army.* Charles K. Winnie, M.D., Assistant, under Gen. McClelland. *United States Navy.* Samuel D. Flagg, M.D., Assistant, U. S. Naval Hospital, Brooklyn. Newton L. Bates, M.D., Assistant; waiting orders. William Howell, M.D., Assistant; waiting orders. Ira C. Whitehead, M.D., Surgeon, Revenue Cutter "Vixen," cruising.

**MAINE.**—Dr. Alonzo Garcelon, Hospital Surgeon, Dr. H. H. Hill, of Augusta, Drs. Wm. Wood and J. T. Gilman, of Portland, and Dr. J. C. Bradbury, of Oldtown, constitute the Medical Board of the State of Maine.

### BATTLE OF BULL RUN.

ONE DAY'S EXPERIENCE ON THE BATTLE-YIELD.  
CAMP PRATT, near Alexandria, Va.,  
July 26, 1861.

[Special Correspondence of the AMERICAN MEDICAL TIMES.]

I HAVE had no time to write to you before, and I have scarcely the time now, but I have seized a few moments of leisure to give you a brief account of one day's experience upon the field of battle.

At half past two, Sunday morning, I was in my saddle, with my assistants by my side, and my ambulance was ready for the march. The column began to move at this early hour, but our Division, under General Miles, did not leave the encampment until after six o'clock A. M. We then followed the long train which had preceded us, and after a march of about three miles took up our position where the battle of the preceding Thursday was fought, upon the brow of a hill commanding a view of the whole valley in which lay the forces of the enemy. The 32d and the 16th New York Volunteers were ordered to support Lieut. Pratt's battery, Col. Pratt, of the 31st, acting as Brigadier-Gen. or commanding officer, while Lieut.-Col. Brown took charge of our own regiment, the 31st; subsequently Col. Pratt took charge of his own regiment and was ordered to support Major Hunt's battery.

As soon as the troops were fairly in position the batteries opened upon the enemy with shell, solid shot, grape, and canister. Their fire was very effective, but it was not answered until late in the afternoon. In the meantime my assistants aided me in selecting a place along the wood, in our rear, where a pretty deep cut or gorge, leading a little off from the main road, would enable us to dress the wounded without exposure. We all went to work with a will, with the help of the drummer boys, and had soon cleared the gorge of stones and bushes. Here we proposed to have the wounded brought on stretchers by the drummers and a few volunteer aids, who together composed my ambulance corps. We then placed our ambulance above and beyond the gorge, in the direction towards a log-house, which was situated one-quarter of a mile further off in the rear. We took down the fences to let the ambulance pass, and planted our red flags at the temporary depot, and at the log-house. We were all ready when we received notice of an expected charge of cavalry upon that road, and were requested to select a building on the opposite side of the road, as the enemy's batteries would range across the old log-house. Accordingly we hastened to make the change, and in a few minutes we had everything as well arranged in a snug wooden house, occupied by negroes, as if we were in Bellevue. The operating table was ready, the bed arranged, and the instruments, sponges, bandages, cordials, &c., in order.

I now rode back to the field, and found we had had one slight skirmish, in which one man of the 16th had been wounded in the head, which Dr. Crandell, of the 16th, had already dressed. It was past mid-day and we were all tired, hungry, and thirsty. Exploring a garden in front and to the right of the batteries I found cabbages, beets, parsley, onions, sage, and potatoes; near by were chickens, and smoked hams in a deserted lodge. Water we found one-quarter of a mile to the left on the borders of the woods, within which lay the enemy, but the drummers brought water, and with the help of Mr. Nourse, Dr. Marvin, and my son, we soon made about four gallons of the best soup I have ever eaten. We had salt and pepper to season it, and good appetites to welcome it. We made also a large coffee-pot full of coffee, and found sugar to sweeten it. This we carried to the rear and fed out first to the Col. and his staff, and then to the line officers and men, as far as it would go, not forgetting ourselves and the drummer boy.

After this precious repast we carried whiskey to those soldiers who had been skirmishing, or who seemed especially to need it; for they were without shelter, under a sky of brass. To those who called for it also we sent or carried water in pails—such water as we could get. The men never left their lines, except when ordered to act as skirmishers, and must have perished except for some such refreshments.

At about four or five P. M. a message was sent to us that the enemy were retreating, and that the day was ours, and I immediately returned to my hospital to order, of the black inmates of the South, supper for the Colonel's staff and my own. I was standing at the door, looking out towards the road, when I saw the regiments approaching in order, but rather rapidly; at the same moment came an order from Dr. Woodward, the intelligent and faithful medical director of our division, for me to fall back with my hospital to Centreville, about one mile further back, as the enemy were making an attempt to flank us on the left, in the direction of our division. I immediately had every thing replaced in the ambulance, and having paid Maria, the black woman, whose dinner we did not eat, we started for Centreville. We went along the same road with the troops, who were moving in good order, and without any appearance of alarm. At Centreville I took out my amputating case, general operating case, and medicine chest, and finding a large number of wounded already here, proceeded at once to dress their wounds, extract the bullets, etc. We were occupied for an hour or more in an old tavern. My assist-

ants here were Dr. Lucien Damaiville (first Assistant), Dr. — Brown, Mr. Marvine, medical student, Mr. Nourse, and my son Frank, who had been acting most of the day as the Colonel's aid. I think Dr. Arnt, of one of the Michigan regiments, was with us at this time. We had no bandages, no lint, no sponges, no cerate, and but very little water, and I think only one basin. Our first attention was directed to those already in the house. Stooping down as they lay crowded upon the floor, we inquired, "Where is your wound, my poor fellow?" for they seldom called us until we came to their relief, nor did many of them utter a moan. There they lay silent, waiting their turn. Most of the wounds were made by spherical balls—some had gone through entirely, without breaking a bone or severing an artery—and to them we said, "Bravo, my boy, a noble wound, but no harm done. Mr. Nourse, apply a cloth, wet with cool water." Not a few, encouraged and strengthened by these words, got up, and came on foot to Alexandria and Washington. I saw several at Fort Runyon, from whom I had extracted balls from the neck, arms, and legs, the next morning when I arrived there, and they had walked the whole distance. Three or four had balls through their bodies, and had walked two or three miles to the village; one was brought up with a wound in his thigh, who had lain on the field since the Thursday preceding. He will recover, I think.

From this building we went to a private house, which was also full, and then to the old stone church. Here I met Dr. Taylor, of the 1st New Jersey Regiment, who was laboring most industriously, and Dr. —, a private, a very intelligent man, belonging, I think, to the 2d Michigan, and who, for his extraordinary zeal and attention, deserves great credit.

In the old stone church the men were lying upon every seat, between all the seats, and on every foot of the floor; a few on stretchers, perhaps three or four; a dozen or more on blankets—occasionally upon a litter, hay or straw, but mostly on the boards.

The scene here was a little different; it was dark; we had but two or three tallow-candles. The men had been waiting longer, and were in general more severely wounded; and, although now and then a man asked us to pass him, and to look first after some one lying near who was suffering more, yet from all sides we were constantly begged and implored to do something for them. After a little we concluded to take them in order as they lay, since to do otherwise rendered it necessary to consume time in going backwards and forwards, and we were constantly in danger of treading upon the wounded; indeed, it was impossible to avoid doing so. By this time we had found a hospital knapsack, and were pretty well supplied with bandages; but the time did not allow us to do much more at first, than to extract the bullets, and apply cool water dressings, with lint.

Only two amputations were made by myself; one below the knee, and one above the elbow-joint. Both of them, I confess, were done very badly, but I could, at the time, and under the circumstances, do no better. My back seemed broken, and my hands were stiff with blood. We still had no sponges, and scarcely more water than was necessary to quench the thirst of the wounded men. My assistants were equally worn out—Dr. Taylor alone seemed vigorous and ready for more toil.

At half-past twelve, or about that time, we went out to get a candle, to enable Dr. Taylor to amputate a man's arm at the shoulder-joint. Just then a regiment came up, and the Colonel was challenged by the picket. This reminded me that if we were to stay all night, as we had mutually agreed to do, we should need the countersign; but although we told him we were medical men, in charge of the wounded, and intended to stay, this was refused to us. The colonel told us that his was the last regiment covering the retreat.

We obtained a candle and went to the house where lay Dr. Taylor's patient, with his arm terribly shattered with a

cannon ball or fragment of a shell. It was nearly torn off near the shoulder-joint, but the hemorrhage was trivial. He was dying of the shock. We gave him whiskey, the only stimulant we had, with water, dressed the wound slightly, and left him to his fate.

Dr. Damaiville and I now lay down upon our backs upon the floor beside the wounded—we could do no more—our last candle was burning. Some of us had seen all the wounded, probably 250 in number, and done for them all that lay in our power. I had drunk some buttermilk and eaten a sandwich that Adjutant Washburn had held to my mouth once in the evening, but none of us had had any other food. I had sent Adjutant Washburn to overtake Gen. McDowell early in the evening, and to represent our condition, but he could not find him, and returned without help. The two bottles of whiskey taken by my son from the ambulance when we first came were already nearly distributed to the wounded. They had not a morsel to eat, the ambulances were all gone and had been for several hours. As we went into the street again, we found it was silent as the grave—the pickets even were gone, and except a few men so soundly asleep under the trees that we could not awaken them, there was no one left in the road. After a second consultation we determined to go also. My assistants and myself soon found our horses, but the servant was gone, and with him the bridles, nor could we after much search and loud and long shouting find him. I went back to the old stone church, and found one soldier just brought in, whose wounds I dressed, and then said aloud to the poor fellows within: "Thank God, my boys, none of you are very seriously injured; you will probably all get well." To which I heard one or two feeble responses: "Thank you, Doctor, thank you." I could not tell them I was about to leave them, and I trust in leaving them so I did them no wrong. I could be of no more service to them until morning, and then I presumed they would be in the hands of a civilized and humane enemy who would care for them better than we could. As I passed along out of the village I requested one gentleman who lived there to look after them, and also a family composed of a man and wife with two daughters. They all promised to do what they could.

Our instruments we could not take. There were five of us and two horses, and my son had sprained his ankle and could scarcely walk, so we went on towards Fairfax Court-House, and in half an hour we began to overtake the rear regiments, and soon I saw Dr. Woodward's cheerful face begrimed with dirt like our own. I told him how we had left the wounded. There was no remedy, said he. They must be left. We hurried on and at Fairfax Court-House overtook Gen. McDowell, to whom I at once reported the condition and number of the wounded, and requested to be sent back if he thought it best. He replied, "You have done right, keep on to Washington." As I was leaving the gate he sent a messenger to call me back, and to ask me if I were walking. I replied that I was. "Gen. McDowell has here ten or twelve ambulances," said he, "for the wounded, which he obtained by a dispatch to Washington. He wishes you to ride." From Fairfax I rode until our ambulance broke down, filled with wounded. The wounded were transferred to another ambulance, and I again took to my feet and occasionally to my horse. I reached Fort Runyon, opposite Washington, at about 10 A.M., and here washed my bloody hands and arms, for here I found the first water.

The wounded were scattered the whole distance from Centreville to Washington, not in large numbers, but here and there one could be seen walking by the aid of one or two associates. In reference to the ambulances, the occasion of their absence from Centreville was simply, that the drivers became frightened, and to turn them back would have been impossible. Nor do I think it would have been possible for Gen. McDowell to have sent one vehicle back beyond Fairfax at the time I saw him.

It is remarkable that most of the wounds seen by me

were not of a character which would be likely to prove fatal. Perhaps the men most severely wounded were left upon the field, or were dressed by those noble surgeons who were near them, and some of whom lost their lives, while others gave themselves up as prisoners.

In no case did a wound seen by me require the use of a tourniquet, although some soldiers had their limbs tightly girded so as to have already occasioned great swelling and pain.

Most of the balls extracted were spherical; and of those which I removed, the majority were removed through counter openings, the balls lying close against the skin.

Nearly all the soldiers that I have seen since the battle, in Washington and Alexandria, are doing well.

I must not omit to state that after I had left, and when I supposed our whole party were in front of me, Mr. Nourse, acting assistant apothecary in our regiment, went back with three horses, and placing three wounded officers upon them, sent them off, for which he would accept of no compensation. He then walked himself the whole distance to Alexandria. This, with many other signal instances of this young man's courage, endurance, and humanity, deserves an especial notice.

My own regiment having, under its excellent commander, Col. Calvin E. Pratt, of Brooklyn, N. Y., covered the retreat of most of the forces, and especially of Hunt's Battery, which took up a new position near Centreville early in the evening, left the ground at 11 P.M., and returned in perfect order to its old encampment near Alexandria. Before they left they received five successive volleys from the enemy's infantry, but not allowing their own fire to be drawn they saved themselves and their battery from being overwhelmed and taken. I must regard the coolness and discretion of Col. Pratt under these circumstances, as the highest evidence of his capacity as a military commander.

FRANK H. HAMILTON,  
Surgeon 31st Regiment, N. Y. St. V.

#### CAMP BUTLER—NEWPORT NEWS.

**DEFICIENCY OF HOSPITAL SUPPLIES—NO AMBULANCES AT THE BATTLE OF BETHEL—TIME REQUIRED TO PREPARE VOLUNTEERS FOR SERVICE—PROPER BUILDINGS FOR TEMPORARY HOSPITALS—PREVAILING DISEASES—MEASLES—VARIOLOID—FEMALE NURSES NOT DESIRABLE—LIST OF SICK FOR JUNE.**

(Concluded from page 64.)

EVEN now, after three months' time to provide for this increasing army, the Government supplies for hospital furniture are entirely insufficient. As an example which may serve as a general indication of the style of doing things at Fort Monroe, I will give the following cases happening under my own observation. The Vt. Regiment, as is well known, has been suffering from measles, and the usual pulmonary sequelæ; up to the present time, there having been 116 cases, in most cases owing to exposure in camp under the wonderfully variable temperature of the shores of James river. Severe bronchitis, simple and tuberculous, followed convalescence in a great proportion of the cases, and the demand for simple expectorant combinations was enormous—gallons per week. Now the supplies of squills, paregoric, tolu, have never been sufficient for one regiment. Last week 2 oz. syr. squills was the entire quantity at the post, where twelve thousand men look for their supplies. No Peruvian bark, nor tinctures or other preparations of this standard remedy, except quinine. After great delay and repeated effort a small quantity was purchased at Baltimore to meet my extraordinary case. Up to within one week there has been no ambulance or wagon of any shape to send into the field. At the battle of Bethel no conveyance of any description could be sent with the force from this point for the benefit of the wounded, though the force was a thousand strong. And to make the burlesque on military organization complete, the flag of truce that was sent next day to ascertain the fact of Winthrop's fate, was displayed from the roof of a carriage that had been

brought in as plunder from the very region where this emblem of purity and peace was sent on its merciful errand. It certainly spoke well for the bravery of the gallant surgeon who volunteered to accompany this incongruous equipage. Of late, however, horses, ambulances, wagons, &c., begin to make their appearance, and probably the delay in reinforcements, seemingly so unnecessary and provoking, will in the end result in the general good of the medical department of the army, as it is manifestly doing in the others. From my personal observation I should judge that no volunteer regiment is fit to take the field against the enemy under three months. It takes full that time for the men to get acclimated and inured to their entire change of living; it takes all of that time for the cooks to learn to economize their food, to cook it so as to make variety, and have it savory and acceptable to the palate. In three months the regiment will have been weeded of its unsound and unserviceable men. Whether in that time men will learn to maintain the order of their ranks under fire, and not retreat or charge as a rabble, is a question equally important, but one rather out of my line. That bravery and indifference to danger is spontaneous in our men, there is no doubt. The important question, in a sanitary point of view, that presents itself to the medical staff of an advancing column, is the disposition of his sick. Unoccupied dwellings can be taken for hospitals, but they are inconvenient, crowded, ill-ventilated, and not always to be had within protected lines. The hospital tent is the next resort, and with flooring and light iron camp-bedsteads and bedding is in most cases, particularly in eruptive diseases, superior to the ordinary dwelling. In wet weather, however thick the canvas, the air is misty and damp, and the patient is not sufficiently protected.

I am satisfied the best camp hospital is the one constructed after the pattern of the *fever-sheds* that were so extensively used on quarantine grounds some ten years since.

For some weeks after intrenching ourselves at this point, my average number of cases of measles in hospital was twenty, and there was no building within the lines proper or sufficient to hold them; neither could a hospital tent be procured at Fort Monroe. Sawed lumber is a scarce article at the South, it mostly being brought from New England; and it was not an easy matter, I found, to get material to build a hut. I finally succeeded in getting enough of Southern pine scantling from the fort to construct a building, 25 feet long, 18 feet wide, 16 feet high at wall, 22 feet extreme height at ridge pole. These boards were scratched roughly for the walls, and lapped for the roof; sliding wide doors at each end, and sliding shutters for ventilation under the eaves. It was wide enough for two rows of iron camp bedsteads, with a space or alley through the length, of three feet width. Now although this building will leak somewhat in a shower, and you look out of the cracks between the boards, still on a hot day, with the breeze blowing through the sliding doors at the end and by the ventilators, it is the coolest place in the camp, and the balsamic fragrance of the new pitch pine lumber is a very grateful substitute for the musty and close odors from ill-constructed dwellings, or the heated vaporous atmosphere of the close tent, its dazzling white canvas bleaching under temperature of 100°. In building this hospital the carpenters were taken from the ranks, and no iron or finishing material except nails used in its construction, for the simple reason that such things were not to be had. An order for a padlock to lock up hospital stores, was such a wild piece of presumption, and created such commotions in several of the departments, that it was found necessary to fall back on the latch and string, with the string always in. I think this is the kind of hospital for the field, and being made in sections of light paneling, it could be loaded with all the furniture for twenty patients on two or three wagons, and readily be put together by screws when wanted. The hospital I have constructed in the way described, is unnecessarily cumbersome, to be porta-

ble, but it could be carried in three army wagons, and put up in a very short time. It has fourteen beds, and, by crowding, could accommodate more. The Vermont 1st Regiment has probably been more afflicted with sickness than any yet taking the field; mainly on account of measles, of which there have been 112 cases, pretty equally distributed through the companies. At one time there were thirty cases of this disease in hospital at once, and while the epidemic was in a company, the turn-out of muskets at evening parade or battalion drill, would not exceed twenty-five for the company. As a general thing the type was mild. In a few cases were exhibited a tendency to the petechial variety, requiring active administration of stimulants. A great many cases resulted in a tedious convalescence on account of pulmonary complications. Not a few cases have been followed by signs of incipient phthisis. Not a case has been fatal in its acute stage. One died after convalescence, and a relapse with typhoid symptoms complicated with *home-sickness*, of the most persistent and depressing character. This has been an element recognised from the first, and complicating all varieties of disease, and in many instances it was the main disease next to measles. Diarrhoea, and dysentery, and typhoid fever, have been the diseases of importance, and in the order they are enumerated.

In this camp there have been five well marked cases of varioloid, two perhaps being classed under the head of discrete small-pox. One of the cases (the last now convalescent) was a colored servant, who had care of the previous cases. The first case was early discovered in the N. Y. 7th Regiment (Germans), and isolated completely, and treated with secrecy, so that even with the cases following, there was no general knowledge of the disease being present among the soldiers. Immediate measures were taken to vaccinate the troops, and lately, by order of Gen. Butler, they have been inspected carefully with regard to this point, by Dr. H. A. Martin, of Roxbury, Mass., an adept in the art. The region of country about Newport News is unquestionably malarial. The testimony of the slaves is to this effect; some cases of intermittent have already developed themselves. As regards the question of nurses that is now agitating the philanthropic world, my testimony is against the sex, except they be colored and *contraband*. The cook and matron of my hospital, from its establishment at this port, has never given occasion for reproof or complaint. She is a bright, active, young slave (or lately was), whose master has run away, leaving her to look after herself. In general hospitals, in large towns, &c., female nurses are desirable, but in detached posts, like this, they are out of place entirely. I subjoin an abstract from the post sick return, from this station, for the month of June, giving an idea of the account of sickness for the month:—

#### CAMP BUTLER, NEWPORT NEWS.

Month of June.

Total number of sick reported for the month,	1768
Remaining sick, and convalescent, July 1,	126
Deaths,	0
Total number of cases treated in the 1st Regt.	
Vermont Volunteers:—	
In Quarters,	421
" Hospital, at Post,	111
" General Hospital, Fortress Monroe,	20
 Total,	552
Deaths,	0

Of the above cases treated in Hospital, 57 were measles.

#### REGIMENTS STATIONED AT CAMP BUTLER:—

- 1st Regt. Vermont Volunteers.
- 7th " New York Steuben Volunteers (German).
- 1st " New York.
- 4th " New York Scott Life Guards.
- 9th " New York Zouaves.

Respectfully yours,

E. K. SANBORN,  
Surgeon 1st Vermont Regiment,  
Acting Post Surgeon, Camp Butler.

July 20, 1861.

## Medical News.

### COMMENCEMENT EXERCISES OF THE LONG ISLAND HOSPITAL.

The second annual commencement exercises of the Long Island College Hospital took place at the Atheneum Tuesday evening, July 16th. A large and select number of ladies and gentlemen crowded the auditorium, while upon the platform were many of the prominent physicians of Brooklyn and New York. Dr. W. H. Dudley, one of the Regents of the College, presided. The proceedings were opened with prayer by the Rev. Dr. Buddington. Dr. Dudley then stated that the following students had assiduously devoted themselves to their studies, and having passed a satisfactory examination, he duly presented them to Dr. S. L. Mason, the President, who was to confer on them the degree of Doctor of Medicine: Charles T. Ingersoll, J. R. Toumey, J. R. Holloway, Edward H. Duggan, Jared W. Scudder, Edwin Gray, Howard A. Gates, J. J. Vanhoesen, James Healy, Edward A. Brown, Edward P. Colby, Benjamin H. Kidder, W. W. Sherfy, and George W. Davis. The students presented themselves on the platform, where they received the salutary, delivered by Dr. Mason in Latin, and their diplomas. Dr. Mason and Professor Enos addressed the graduating class. Dr. T. C. Ingersoll, of the graduating class, delivered the valedictory.

MEDICAL CORPS OF THE NAVY.—The following gentlemen have passed a successful examination before the Naval Medical Board, convened at the Naval Hospital, Brooklyn, and will have their rank assigned in the following order.

1. A. Mathewson, Conn. Univ. Med. College, N. Y.
2. A. C. Rhoades, New Jersey, College of Physicians and Surgeons, N. Y.
3. Michael Bradley, Pa., Philadelphia Med. College.
4. Newton L. Bates, N. Y., Univ. Buffalo, N. Y.
5. Fred. E. Potter, N. H., Burlington Med. College, Vt.
6. Adrian Hudson, N. Y., Univ. Toronto, Canada.
7. Wm. Howell, N. Y., Buffalo Med. College, N. Y.
8. Jas. H. Tinkham, N. Y., Univ. Med. College, N. Y.
9. Alex. Hutchings, N. Y., N. Y. Med. College, N. Y.
10. Charles O. Carpenter, Mass., Berkshire Med. College, Mass.
11. John Wilson, Pa., Univ. Pa., Pa.
12. Samuel D. Flagg, N. Y., Jefferson College, Pa.
13. W. R. Richardson, Maine, Dartmouth College.
14. A. W. H. Hawkins, Pa., Univ. Pa., Pa.
15. H. D. Burlingham, N. Y., College P. and S., N. Y.
16. Henry M. Wells, Mass., Univ. Pa.
17. J. Otis Bart, College P. and S., N. Y.
18. Wm. C. Lyman, Mass., Berkshire Med. College.
19. Wm. W. Leavitt, Mass., College P. and S., N. Y.
20. J. H. Gotwald, Ohio, Univ. Pa.
21. J. H. Macomber, Mass., Berkshire Med. College.
22. Ed. S. Bogert, N. Y., Univ. Med. College, N. Y.
23. Grove S. Beardsey, N. Y., Univ. Med. College, N. Y.
24. Thomas H. Whitney, N. Y., N. Y. Med. College.
25. A. B. Judson, Pa., Jeff. Med. College, Pa.
26. James S. Knight, Delaware, Univ. Pa., Pa.
27. Walter K. Seelby, Conn., Yale College Med. Dept.
28. Henry Ackley, New Jersey, Jeff. Med. Coll., Pa.
29. A. O. Levitt, N. H., Dartmouth College.
30. Edw. S. Stein, N. Y., Univ. Pa., Pa.
31. Edw. S. Mathews, Pa., National Med. Coll., D. C.
32. Charles M. Covell, N. Y., Coll. P. and S., N. Y.
33. J. Russel Little, N. Y., Univ. Pa., Pa.
34. W. Lamont Wheeler, N. Y., College P. and S., N. Y.
35. Walter B. Dick, Pa., Univ. Pa., Pa.
36. Aaron S. Oberly, Conn., Yale College Med. Dept.
37. Samuel B. Tuthill, N. Y., College P. and S., N. Y.

The Board continue in session to examine candidates for the Medical Corps of the Navy, to fill up the number required by the recent act of Congress, increasing the list of Assistant Surgeons in the Navy from eighty to one hundred and twenty. So favorable an opportunity to enter the Medical Corps of the Navy, has never occurred before. Candidates should apply by letter to the Secretary of the Navy, stating age, birth-place, residence, and accompany their request to appear before the Board for examination, with testimonials of moral character.

DOMESTIC ITEMS.—Dr. J. Marion Sims has gone to Europe with the intention of returning in the autumn. Dr. William H. Mason, now in Paris, has been appointed to the Chair of Physiology and Microscopic Anatomy in the Buffalo Medical College. Dr. Austin Flint, Jr., Professor of Physiology in the Bellevue Hospital Medical College, has returned from Europe.

## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 20th day of July to the 26th day of July, 1861.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		WInd.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	*	*	*	*	*		0 to 10	
20th	29.65	.20	77	70	84	7	11	S.	5	.65
21st	29.87	.10	73	65	80	9	18	NW to SE.	5	
22d	29.85	.05	68	65	74	8½	13	NE to SE.	8	
23d	29.88	.14	70	60	80	9	14	" " "	4	
24th	29.99	.10	72	64	80	11	14	" " "	1	
25th	30.04	.06	78	66	81	11	16	" " "	1	
26th	30.07	.07	75	68	81	10	15	S.E.	.07	

REMARKS.—20th, Hard thunder and lightning with rain early A.M.; hard rain at 6 and 7 A.M. 21st, Variable wind and sky; obscured P.M. 22d, Variable A.M.; cloudy P.M. 23d, Variable wind and sky. 26th, Wind light A.M.; moderate breeze P.M.

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## Chemistry in its relations to PHYSIOLOGY AND MEDICINE. By George E. Day, M.A., M.D., Professor of Medicine in the University of St. Andrews. With Plates and Illustrations: 1860. Pp. 527. Price, \$5 00.

It is quite impossible, viewed medically and practically, to overrate the importance of a knowledge of physiological chemistry. Every student and practitioner ought not only to possess, but to study some standard treatise on the subject, and we believe that he cannot do better than take the work of Dr. Day as his guide, it being the most recent, as well as one of the best treatises on physiological chemistry hitherto published.—*London Lancet*.

This volume contains a large mass of materials on the subject of physiological chemistry, brought together in a tangible form, ready and available for the hand of the practitioner and the student of medicine. No man in this country is probably better—or so well—fitted as Dr. Day to introduce this truly German subject to the English reader.—*London Medical Times and Gazette*.

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Cole (J. J.) *Military Surgery; or Experience of Field Practice in India.* Svo. London, 1852. \$9.25.

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Hamilton, F. H.—*A Practical TREATISE ON MILITARY SURGERY.* Fully illustrated. Svo. New York: 1861. \$2.

Henderson (T.) *Hints on the Medical Examination of Recruits for the Army; and on the discharge of soldiers from the Service on Surgeon's Certificate.* A new edition, revised by R. H. Coolidge, M.D. Philadelphia, 1856. \$1.00.

Hennen, J.—*Principles of Military SURGERY, comprising Observations on the Arrangements, Police, and Practice of Hospitals, and on the History, Treatment, and Anomalies of Variola and Syphilis.* Svo. Edinburgh. \$5.

Macleod.—*Notes on the Surgery of THE WAR IN THE CRIMEA, with Remarks on the Treatment of Gun-Shot Wounds.* Svo. London. \$3.25.

Medical and Surgical History of the British Army, which served in Turkey and the Crimea during the War against Russia in the years 1854-5-6. 2 vols. 4to. London, 1858. \$9.

Report of the Commissioners appointed to inquire into the regulations affecting the Sanitary Condition of the British Army, the Organization of Military Hospitals, and the Treatment of the Sick and Wounded; with Evidence and Appendix. 4to. London, 1858. \$7.50.

Report of the Proceedings of the Sanitary Commission despatched to the Seat of War in the East, in 1855-56. Svo. London, 1857. \$8.

Saurel.—*Traité de Chirurgie Navale, suivi d'un résumé de Leçons sur le service chirurgical de la flotte, par le Dr. J. Kochard.* Svo. Paris, 1861. \$2.10.

Saurel.—*Mémoire sur les fractures des membres par armes à feu, suivi d'observations pour servir à l'histoire des blessures par armes de guerre.* Svo. 1856. 75 cents.

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